1 PLACE OF DEATH

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PHYSICIANS

RECORD

PERMANENT

THIS

UNFADING

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

MEDICAL CERTIFICATE OF DEATH

and that death occurred on the date stated above, at

The CAUSE OF DEATH* was as follows:

... 191.

OR RECENT RESIDENTS)

16 DATE OF DEATH

Contributory. Secondary

[If death occurred in a hospital or lostitution. give its NAME Instead of street and number.]

(Year)

(Dav

I HEREBY CERTIFY, That I attended deceased from

PERSONAL	AND STATISTICAL	PARTICILI ARS

3 SEX S SINGLE, MARRIED, MARRIED WIDDWED. ORDIVORCED (Write the word)

(Month)

If LESS than 1 day hrs. OR ? BOCCUPATION

(Day

(Year)

particular kind of work (b) General nature of Industry.

business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE

OF FATHER (State or 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE

State of Company

REGISTRAR

At place In the of death ____ yrs. _ Where was disease contracted If not at place of death? usual residence. PLACE OF BURIAL

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

(Duration)

20 UNDERTAKER

DATE OF BURIAL , 19tz C

ADDRESS

If more blanks are needed, address State Registrar, &E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and eonsequenecs (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or mlscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustlon," thenia," "Anacmia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) For vio-



V. S. No. 1.

PERMANENT RECORD 4 PLAINLY, WITH UNFADING INK-THIS IS WRITE

of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF Important. S N.B.

PLACE OF DEATH

501

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

[if death occurred is a hospital or institution, give its NAME instead of street and number.]

TOLL NAME.		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Mola 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVORCEO (Write the word)	16 DATE OF DEATH For 14th, 1915 (Month) (Day (Year) 17 I hereby Certify. That I attended deceased from	
Month (Day (Year)		
7 AGE If LESS than t day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: Principles Out to the date stated above, atm,	
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	Contributory (Duration) yrs. mys. ds.	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed)	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWCEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mas ds Where was disease contracted, it not at place of death? the contracted at place of death the contracted at place of death the contracted at place of death the contracted	
(Interment) weeph arner (Address) Lonconny Ind 16 Filed Fab 15-, 1915 for Bullack	Former or Usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL ORAF SALL Cerneley 20 UNDERTAKER Ourseley ADDRESS Ourseley ADDRESS Ourseley ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Honsework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report For vio-



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PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. stated properly classified. IS pinous UNFADING INK-THIS AGE supplied. pe may carefully PLAINLY, WITH be See instructions on back terms, Should plain of information 5 DEATH WRITE OF important, Every It

PLACE OF DEATH

502 state of maryland

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alu		meter meter		DATE OF	BURIAL 5, 191	3
DERTAK	ER A			ADDRESS		

2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE MARRIED, WIDOWED, ORDIVORCED (Write the word) 17 6 DATE OF BIRTH that I (Month) (Day (Year) TAGE If LESS than and th f dayhrs. The C ...min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Indostry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed The 11 BIRTHPLACE ARENT OF FATHER (State or country 0.5 CAU 12 MAIDEN NAME TAL OF MOTHER 18 LE 13 BIRTHPLACE OF MOTHER (State or country) OR At plac of deal Where KNOWLEDGE If not Former (Informant) usoal (Address) ----15 Filed. REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Bai Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "l'uerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerpenal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsion genital," "Senile," etc.), "Dithenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of bility" ("Con-"Exhaustion," For VIO-



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N. B.

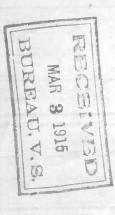
Village or City Limiter Land (No. 1320) 2FULL NAME Dryan Que	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY. That I attended deceased from
(Month) (Day (Year) 7 AGE 11 LESS than 1 day,hrs.	and that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Derey Classics igriff Security with readilis. (Buration) yrs mos ds. Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 10 NAME OF FATHER 12 MAIDEN NAME OF MOTHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, INSTI
(Address) 13 20 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 1915 ADDRESS Parts E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 State cause for "Exhaustion," For VIO-



.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

S. B.

PLACE OF DEATH

County allegary 19	CERTIFICATE OF DEATH
A d	Registration Dist. No.
Village or City Cussification (No. 2 Full NAME Say Ta Bary	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL PERTIFICATE OF DEATH
Jewale Stateau S SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Jebrusary 3, 1915 (Moth) (Day) (Year) 17 OI HEREBY CERTIFY, That Laglended deceased from
6 DATE OF BIRTH	that Wast saw har are on the 30 1915
(Month) - (Day) (Year) 7 AGE If LESS than 1 day, hrs. hrs. OR min.?	and that death occurred on the date stated above, at 92 m The CAUSE OF DEATH * was as follows: Grance volvelan kears disease
particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country)	Secondary (Buration) yrs mos de
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER C State or country) 12 MAIDEN NAME OF MOTHER	(Signet)
12 MAIDEN NAME OF MOTHER (13 BIRTHPLACE OF MOTHER (State or country)	SCIEDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(Informant) Frank Molings	Where was disease contracted, if not at place of death?
(Address) Harrison of Filed 2/2/, 1915. May Ston REGISTRAR	19 PLACE OF BUTIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS LUCY ADDRESS
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meningulatified, is indefinite); Tuberculosis of lungs, meningulations.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracinia," "Weakness, to determine definitely. Examples: Accidental drowning. SUIGIDAL, OF HOMICIDAL, OF as probably such, if impossible "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of.... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Puerperal septichaemia," "Dropsy," Never report mere "Exhaustion,"



V. S. No. 1.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... Ilf death occurred laWard) a hospital or institution. give its NAME instead of street and number. I 2FULL NAME..... PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h.....alive on..... (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at..... 1 day,hrs. The CAUSE OF DEATH* was as follows:mos..... OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VILENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death yrs. mos. ds. State yrs. ____ ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every persou, irrespective of age ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations mine, etc. fication as Day taborer, Farm taborer, Laborer-Coal statemeut. additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mitl; (a) Satesman, It should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meninglis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canample: Measles (disease causing death), 29 ds.; vatvutar heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." dent; Revotver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head (Recommendatious on statement of



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1 PLACE OF DEATH

STATE OF MARYLAND

Registration Dist. No

Ward)

Ilf death occurred in a hospital or institution, give its NAME Instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, SI (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I stiended decessed from (Month) (Day (Year) 7 AGE If LESS than and that desth occurred on the date stated above 1 day hrs. The CAUSE OF DEATH * wss ss follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State _____ yrs, ____ mos. _ ds. Where was disease contracted. EST OF MY KNOWLEDGE If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Nevcr (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canaffection need not be stated unless important. ture of the American Mcdical Association.) cause of dcath approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," ctc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of For Vio-



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PERMANENT

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

W. B. No. 1.

N. B.

PLACE OF DEATH County Allegamy	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village or City Combuland (No. 144)	Walnut st; Ward) [It death occurred to a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED Single WIDOWED, OR DIVORCEO (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h slive on 191
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, st. 9 mm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	(Secondary) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE	(Signed) (Address) (Andless) (M. 0. 1) (State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death? Former or usual residence.
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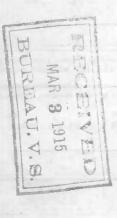
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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FULL NAME Robert Birme	
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7 AGE 11 LESS that 1 day, hrs 2 ds. OR min.?	and that death occurred on the date stated above, at
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10 NAME OF FATHER James Birmingham 11 BIRTHPYACE OF FACHER (State or country) Ireland	(Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (State the Disease Causing Death, or in deaths from Ways (State the Disease Causing Death, or in deaths from Ways (State the Disease Causing Death, or in deaths from Ways (State the Disease Causing Death, or in deaths from Ways (State the Disease Causing Death, or in deaths from Ways (State the Disease Causing Death, or in deaths from Ways (State the Disease Causing Death, or in deaths from Ways (State the Disease Causing Death, or in deaths from Ways (State the Disease Causing Death, or in deaths from Ways (State the Disease Causing Death, or in deaths from Ways (State the Disease Causing Death, or in deaths from Ways (State the Disease Causing Death, or in deaths from Ways (State the Disease Causing Death, or in deaths from Ways (State the Disease Causing Death, or in deaths from Ways (State the Disease Causing Death, or in deaths (State the Disease Causing Death) (State the Disease Caus
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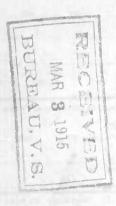
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No fit death occurred in a hospital or institution. give its NAME Instead of street and numbar.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. 19/2 WIDOWED, OROIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw here allve on (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or amployer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 17 OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) 4 _ mos. 21 ds. ot death yrs. ... State Where was diseasa contracted, 14 THE ABOVE IS MY KNOWLEDGE It not at place of death? (Intermant) usual residence DATE OF BURIAL (Address) 15 20 JA ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

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Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen chauged or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," "Foreman," Farmer or Planter, As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcastes; Whooping cough; Chronic eer" is lcss definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR as probably The contributory (secondary or intercurrent) (Recommendations on statement of "Exhaustion," For vio-



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PHYSICIANS should of OCCUPATION IS EXACTLY. pe P AGE supplied. ā should Information EATH ō 0 OF Item Every Item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred lo a hospital or institution. give its NAME instead of street and nomber.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOROR RAGE 5 SINGLE, 16 DATE OF DEATH MARRIED. 1915 WIDOWED, (Day (Year) ORDIVORCED I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. DEATH* was as follows: OR 7 .mos ... fuermany BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in mos... which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ____ mos. ____ ds. State _____ yrs, ____ mes. Where was disease contracted. 14 THE ABOVE IS TRUE TO OF MY KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 Eachor 20 UNDERTAKER ADDRESS REGISTRAR

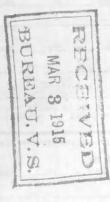
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," As examples: "Foreman," (6)

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mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (c. g., sopsis, totanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Condent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations ou statement of "Dropsy," "Exhaustion," Never report For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

V. S. No. 1.

Village or City County (No. All	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in
2FULL NAME Elizabeth &	a hospital or Institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale White (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	face 28, 1912 to 24 3 1915.
(Month) (Day (Year)	that I last saw h. Z allve on J
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date atated above, at S. m., The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or	it freihabilia.
particular kind of work. (b) General nature of Industry, business, or establishment in	(Duration) yrs mos / 4/ds.
which employed (or employer) BIRTHPLACE (State or country)	Contributory Shach Juliacion Secondary (Duration) Yrs mos (ds.
10 NAME OF DELLIS Carawayah	(Signed) a Le Franklin, N. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Jane Gordan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or (country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, encube land
(Informant) / Cavangue	Former or usual residence ecomperisons
(Address) 28 1 Cuitsa 21	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1915
Flied E B 5 1915 May W Clon	20 UNDERDAKER ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the statement. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuilc," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acciture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) (Recommendatious on statement of "Exhaustion,"



1 PLACE OF DEATH

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County Clery any	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village of Oily	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Hill Single, MARRIED, WIOOWED OR OIVORCEO (Write the word) 6 DATE OF BIRTH (Month) A (Day) (Year)	
7 AGE If LESS that 1 day, hrs 1 day,	The CAUSS OF DEATH * was as follows:
which employed (or employer) BIRTHPLACE (State or country) Mod	Contributory Secondary (Ourelion) yrs mos ds.
10 NAME OF FATHER SOUNCE Sharmer 11 BIRTH PLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OT	(Signed) C. A. C. C. C. M. O. C. C. C. M. O. C. C. C. C. M. O. C. C. C. C. M. O. C.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) HTS V WESTLY WK	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of desth yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not at pisce of death?
(Address) & grantestanca Md. 15 Filed P. 1. 191, 191 Mark are needed, eddress State Bogistran	19 PLACE OF BURIAL OR REMOVAL APPLICATION BURIAL OUNDERTAKER Linis Liein ON Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Chril engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphitheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonio ("Pneumonia," Lobar pneumonia, Bronchopneumonio of tungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible head-homicide; Poisoned by carbolic acid-probably Struck by railway troin-accident; Revolver wound to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deatiles "Puerperal peritonitis," birth or miscarriage as "Puenpenal septicharmia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," cause. "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Corcinoma, Sorcomo, etc., of..... Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Meosles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," (mercly symptomatic), "Automotic (mercly symptomatic), "Debility" The contributory (secondary or intercuretc. State cause for which "Atrophy," "Exhaustion,"



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1 PLA	CE OF DEATH Clegany, 130	STATE OF MAR CERTIFICATE OF Registration Dist	F DEATH/
	Village or City Charles (No. Alleg Hosp St.; Ward) 2 FULL NAME Theresa May Elark, [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PER	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
Jewa Jewa	6 White Single, Married, Married, Married, Married, Married, Married, Wildowsch (Write the word)	16 DATE OF DEATH J & Z Z (Month)	(Day) , 191
6 DATE OF I		that I last saw here alive on and that death occurred on the date sta	
(b) General business, or which emplo	non profession, or Ind of Work I nature of Industry r establishment In yed (or employer) ACE	Contributory Ay Taxalar	yrs. mos. ds.
10 NAI	ME OF Jun Wetz	Lyphofly Villuration (Burgeton) (Signed) Earl Stellar	yrs
Z 0 (S	THPLACE FATHER Itate or country) Donst Kurw IDEN NAME F MOTHER Many, Janenbaker	*State the Disease Causing Death, or, Causes, state (1) Means of Injury; and (Suicidal or Homicidal.	
13 BIF OF (S	THPLACE MOTHER BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At placs of deeth	3.7 yrs ds.
(Add	125 1915 Mac Julian	19 PLACE OF BURIAL OR REMOVAL 20 UNLEATAKER	DATE OF BURIAL
	O REGISTRAR	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	cely

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer." etc., without more precise specification as Day laborer, Farm loborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part engineer, Stationary fireman, etc. But in many eases, cian, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question taken to report specifically the occupations of persons business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid faver (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL perilonitis," etc. State cause for which "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) Struck by railway train-occident; Revolver to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septicharmia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inamition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiol cause. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; "," "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," "Exhaustion," Never report mere wound of Whooping



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PHYSICIANS should

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in hospital or institution. give its NAME instead of street and number. 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SFY 5 SINGLE 4 COLOR OR RACE DATE OF DEATH MARRIED. 1915 WIDOWED. ORDIVORCED (Month) (Year) I HEREBY CERTIFY. That I attended decessed from DATE OF BIRTH (Month) Day (Year) 7 AGE If LESS than 1 day hrs. OR 7 BOCCUPATION (a) Trade, profession, prparticular kind of works (b) General nature of Indostry, business, or establishment in vrs. 6 mos ds (Duration) which employed (or employer) 9 BIRTHPLACE (State or country Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the (State or country) of death _____ yrs. ____ mos. ____ State _ ds. Where was disease contracted. THE ABOVE IS OF MY KNOWLEDGE If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 1915 ADDRESS REGISTRAR

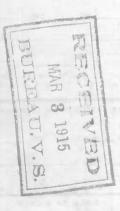
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cated thus: Farmer (relired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Collon mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Forcman," (4)

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mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal seplichaccause of death approved by Committee on Nomenclascpsis, totanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicidc. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Oid Agc," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." denl; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the



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PERMANENT Exact classified. properly supplied. pe may ADING certificate. that 20 ō back terms, should 6 plain Instructions informati 2 EATH See of 0 OF Important. CAUSE m

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RECORD

1515 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Tif death occurred is a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. SMEST (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH . 191.5 . to that I last saw har slive on ... (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: mos ds. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ yrs. ___ mos. Where was disease contracted. MY KNOWLEDGE if not at place of death?... Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 20 REGISTRAR If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto. Dequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



S. No. 1.

15

RECORD PERMANENT UNFADING INK-THIS WRITE PLAINLY, WITH

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. of information should be CAUSE OF Important. S

1 PLACE OF DEATH 7 > 11516 STATE OF MARYLAND

	lags or City Gumberland Man 104 12	Registration Dist. No. St.; Ward) [if death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	A COLOR OR RACE Single, MARRIED, WIDOWED, ONDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH Feb. 4 , 19/5 (Month) (Day (Year) GE If LESS than	that I last saw halive on
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer)		The CAUSE OF DEATH* was as follows: (ennewto Miscarriage at about second Miscarriage at Contributory (Ouration) yrs mas. ds. Contributory Automotive Contributory (Ouration)
(State or country) 10 NAME OF FATHER Of Why. Crampton. 11 BIRTHPLACE OF FATHER (State or country) Mashington. 12 Maiden NAME OF MOTHER OF MOTHER Why.		(Signed)
14 ,	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence
	(Address) Oursberland, MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, by carbolic acid-probably suicide. The nature of the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or is less definite; avoid use of "Tumor" for malig-The contributory tctanus) may be stated under the head of Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Scnile," etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) "Exhaustion," For vio-



V. S. No. 1.

state very	1 PLACE OF DEATH	1517 STATE OF MARYLAND
	County Allegann 92	CERTIFICATE OF DEATH , Registration Dist. No.
RECORD PHYSICIANS should of OCCUPATION IS	Village or City LS Valley (No. 76, 7	[If death occurred in a hospital or institution, give its MAME instead of street and number.]
L . E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERMANENT tated EXACTLY Exact stateme	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word) 6 DATE OF BIRTH Now 14 1849	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 191 8, to 181 1, 191 3.
IS IS A hould be sclassified.	7 AGE (Month) (Day (Feat)) 7 AGE if LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 3 Q, m. The CAUSE OF DEATH* was as follows:
INK-TH	Boccupation (a) Trade, profession, or Auruess Masses (b) General nature of industry, business, or establishment in 222 cds	Journa
UNFADING arefully suppl that It may certificate.	which employed (or employer) BIRTHPLACE (State or country) Ougland	Gontributory 2001/2 (Buration) 700 yrs 700 mos 7 ds. Contributory 2001/2 yrs 0506/1 Secondary (Boration) yrs mos / ds.
E PLAINLY, WITH information should be c ATH in plain terms, so Instructions on back of	TATHER MUNUM Crage 11 BIRTHPLACE OF FATHER (State or country) Conformation 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 1	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) (whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	of Mother Chyabeth Hasvey 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place in the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, if not at place of death?
WRIT Every item of CAUSE OF DE Important. See	(Address) Loothy Mills	Former or USUAL residence 19 PLACE OF BURNAL OR REMOVAL FINAL TIME TO THE STATE OF BURNAL 20 UNDERTAKER ADDRESS.
z.	REGISTRAN If more blanks are needed, address State Regist	Jacob Hafer Fresthing, Merry, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations statement. additional fine is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servanl, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfication as Day laborer, Farm taborer, Laborer-Coal (a) Spinner, (b) Collon mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonacum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal seplichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ratvular heart disease; Chronic interstiliat nephrilis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicul Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the deal; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Conventsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of Measles "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; terminal eonditions, such as "As-(secondary or interchrrent) For vio-



ARGIN RESERVED FOR BINDING

V. S. No. 1.

PHYSICIANS shoul RECORD EATH in plain 0 POF Every Item CAUSE OF Important,

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred inWard) a hospital or institution, give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, (Month) ORDIVORCED I HEREBY CERTIF (Day (Year (Month) 7 AGE if LESS than and that death occurred on the date stated above, a f dayhrs.min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At piace in the of death _____ yrs. _ mos. ds. State ... Where was disease contracted. 14 THE ABOVE IS TRUE TO if not at place of death? Former or (informent) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 60 UNDERTAKER ADDRESS REGISTRAR Hura Furniture & Undertaking Ca

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

rulvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichuemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse," "Coma," "Convulsions," "Febility" ("Congenital," "Senile," etc.), "Dropsy," "Fxhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of Never report



1 PLACE OF DEATH

Villa	go or City Le land (Ntilled on 2 FULL NAME Robert & Dea		[If death occurred in a hospilal or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	F DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCH (Write the Virgania)	16 DATE OF DEATH (Month)	27,1913 (Day) (Year)
	Month) (Day) , 1 (Year)	that I last saw halive on	, 191
7 AG	25 yrs. 8 mos. ds. OR min.?	and that death occurred on the date starthe CAUSE OF DEATH & was as follows	
74 ^{pa} bu	OCCUPATION OF TRADES, Profession, or Bockersnaker Helfus Of General nature of industry liness, or establishment in of employed (or employer) B D D	Sun Shot Mai Hamicidal	
-	RTHPLACE (State or country) 21 a	Contributory Secondary (Buration)	yrs. mos. ds
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	State the DISEASE CAUSING DEATH, Or, i CAUSES, state (1) MEANS OF INJUNY; and (2) SHIGHDAL OF HOMICIPAL	
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place In tha of deathyrs	STITUTIONS, TRANSIENTS
14 T	Informant) Mary December (Informant)	If not at place of death ?	
15	(Address) 95 ascension It	Harrisonburg Va &	Mar 2 , 1915
FA	AR 1 1919, 191 MAX MILLON REGISTRAR	Louis Atena	Bela
	If more blanks are needed, address time Registrar,	16 W Saratoga St., Balto., Requesting V. S. No. 1.	

19state of maryland

CERTIFICATE OF DEATH,

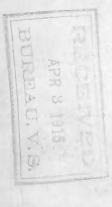
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[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as Housewrite None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which head_homicide; Struck by railway train-occident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valeular heart discose; Chronic interstitial ges, perilonaeum, etc., Carcinomo, Sorcoma, etc., of..... nephritis, etc. "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-Poisoned by carbolic acid—probably "Dropsy," "Exhaustion," Never report mere "Atrophy," ("Con-



MARGIN RESERVED FOR BINDING

Vo. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

(64)

1 PLACE OF DEATH

County-

allegany

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City On Bouning (No	St.; Ward) [If death occurred to a hospital or lostitution, give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX. 4 COLOR OR RACE SINGLE, MARRIED, WIDOWES, WIDOWES OR DIVORCED (Write the word)	18 DATE OF DEATH For 19 1915 (Month) (Day (Year)
TAGE State 12 1844 18	that I last saw h 2 alive on Full and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Cerebral Armowhape
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2 COLLOW 12 MAIDEN NAME OF MOTHER	Contributory Secondary (Boration) (Boration) (Boration) (Signed) (Boration) (Boration) (Signed) (S
13 BIRTHPLACE OF MOTHER (State of country) Collowy 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, or Recent Residents) At place lo the of death
(Address) Berlin Ja 16 Filed Let 19, 1915 - D. Bullock REGISTRAR)	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS Crar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: who receive a definite salary), may be entered as material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

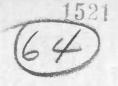
cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (mercly symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For Vio-



state very PHYSICIANS should of OCCUPATION IS RECORD statement EXACTLY. pe properly INK supplied. pe UNFADING may certificate. that 80 0 WITH back terms, 6 plain EATH in plain s instructions WRITE See 50

1 PLACE OF DEATH

County.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.:----Ward)

fif death occurred in a hospital or institution. give its NAME lostead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. 191 WIDOWED. (Month) ORDIVERCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 2.25 1 day, hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work.

> Contributory Secondary

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL,

18 LENGTH OF RESIDENCE (FOR HE OR RECENT RESIDENTS)	SPITALS, INSTITUTIONS	TRANSIENT
Af place	to the	
of death yrs mos ds.	State yrs,	mos d

if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL 20 WIDER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

KNOWLEDGE

CAUSE OF Important. S 15 REGISTRAF

(b) General nature of industry.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

OF MOTHER

PARENTS

business, or establishment in

which employed (or employer) Undertaken there

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged lu domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, ete. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) The question

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. nus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichacete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection uced not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) State eause for "Exhaustion," For vio-



V. E. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH County allegans	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Cumherland 484.	Registration Dist. No
2FULL NAME	niguv
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewall Acolor or RACE Single, MARRIED WIDDWED, WIDDWED, (Write the word)	16 DATE OF DEATH 7 0 1915 (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from
6 DATE OF BIRTH 7-6- 19, 19/5- (Month) (Day (Year)	Teb-19, 1915, to Feb-19, 1915. that I last saw h & A alive on Feb-19 1915
7 AGE (Month) (Day (Tear) 1 LESS than 1 day, //hrs. ORmin.?	and that death occurred on the date stated above, at 120 m, The CAUSE OF DEATH* was as follows:
CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Promulive Birth, mo. Demation, yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER (STATE OF COUNTRY) 12 MAIDEN NAME OF FATHER (STATE OF MOTHER) OF MOTHER (STATE OF MOTHER) OF MOTHER (STATE OF MOTHER)	(Signed) 7 18 and del M. D. Teb 20, 1915 (Address) Cumberle (Sha)
of MOTHER Lizabeth Rudolph.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or count) alian of Maj	At place in the of death yrs mos ds State yrs, mos ds
(Informant) Control of the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Clembuland 15 Filed 5/20 199155 Mag Liotton	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2/20 ,191 5
REGISTRAR If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, oant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

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PLACE OF DEATH County Allegary	1523 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City bunked (No. No. 1) 2FULL NAME Many Fitzge	Registration Dist. No. Compared to the state of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Jule (Single, Midow Widowed, ORDIVERCED (ORDIVERCED (Write the word)	16 DATE OF DEATH J. 191.5. (Month) (Day (Year)
6 DATE OF BIRTH - 1823	17 I HEREBY CERTIFY, That I attended deceased from 31, 1917, to 54 that I last saw h allys on 54 1915'
7 AGE (Month) (Day (Year) 1 If LESS than 1 day,hrs. 0 ORmin,?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Adde of A. Y.	Contributory Garden Secondary
10 NAME OF FATHER John Cherby. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) (14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, lf not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed FEB 15 1915 Mary Lton. REGISTRAR	Frishing Mol- 16 1915 20 UNDERTAKER ADDRESS ADDRESS

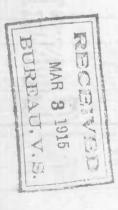
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 12

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers mine, etc. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or, given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearrlage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," For VIO-



S. No. 1. .

AGE

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH N.B.

1 PLACE OF DEATH County Colleg UV	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Mistory (No. 2 Hot	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 8 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915, to 1915, to 1915.
(Month) fel (Day 19 (Year)	that I last saw h. 2. alive on
TAGE If LESS than 1 day,hrs. ORmin.? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	and that death occurred on the date stated above, at
business, or establishment in which employed (or employer)	(Duratien)yrsmos.gds
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) / yrs mos ds
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) MANAGEMENT OF THE STATE OF	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) (Address)	if not at place of death? Former or USUAI residence 19 PLACE OF BURIALOR REMOVAL OATE OF BURIAL OUNDERTAKER OADDRESS
REGISTRAR	flort tell o trastbuy

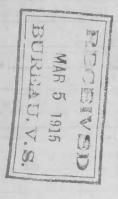
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the genital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report For vio



V. S. No. 1.

	8	Registration Dist. No.
Villag	e or Citambuled (No. Alle 2 FULL NAME May Fox	Ward) [if death occur a hospital or Institution of street and num
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL SERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVOYALD OR DIVOYALD Write to formation	16 DATE OF DEATH Televisory 25 (Month) (Day) (17 I HEREBY CERTIFY, That I attended deceased the 25 , 1915, to 145 35 , 1
7 AGE	(Month) (Day) , 7 Gyd (Year)	that I last saw here alive on Feb. 24
	vii 26 yrs mos ds OR min.?	and that death occurred on the date stated above, at \rightleftharpoons . The CAUSE OF DEATH \Leftrightarrow was as follows:
(34)	Constraint agency of Industry	***************************************
whice 9 B11	General nature of industry incess, or establishment in the employed (or employer) at home state or country)	(Buratice) yrs. mes. Contributory Secondary
9 BII	General nature of industry iness, or establishment in the employed (or employer) at Asserting State or country)	Contributory Secondary (Signed) (Signed) (Signed) (State the DESEASE CAUSING DEATH, or, in deaths from Violation of the Contribution of the Co
9 Bii	General nature of industry iness, or establishment in the employed (or employer) 10 NAME OF FATHER 11 BIRTHBLACE OF FAYHER (State or country) 12 MAIDEN NAME OF MOTHER OT	Contributory Secondary yrs mos (Signed)
A BIII	General nature of industry iness, or establishment in the employed (or employer) 10 NAME OF FATHER 11 BIRTHPIACE OF FATHER OF MOTHER OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) MA 13 BIRTHPIACE OF MOTHER (State or country) MA 14 MIDEN NAME OF MOTHER (State or country) MA 15 BIRTHPIACE OF MOTHER (State or country) MA	Contributory Secondary (Signed) *State the Disease Causing Death, or, in deaths from Violation of Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transor Recent Residents) At place of desthyrsmos Stateyrsmos. Where was disease contracted,
S L U U U U U U U U U U U U U U U U U U	General nature of industry iness, or establishment in the employed (or employer) 10 NAME OF FATHER 11 BIRTH PLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE 14 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER 16 BIRTHPLACE OF MOTHER 17 BIRTHPLACE OF MOTHER 18 BIRTHPLACE	Contributory Secondary (Signed) State the Disease Causing Death, or, in deaths from Violation Causes, state (1) Means of Injury; and (2) whether Accident Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSOR RECENT RESIDENTS) At place of desth

1525

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated heod-homicide; Poisoned by Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PTERPERAL septichormia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Hagnorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for malignant neoplasms); Meosles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of..... Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion," "Uraemia," "Weakness," carbolic acid-probably report mere important.



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DEATH In pre-

Important. CAUSE

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. a hospifal or institution. give ifs NAME Instead of streef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE S SINGLE. MARRIED. 1912 WIDOWED ORDIVORCEO (Write the word) (Year) (Month) (Day I HEREBY CERTIFY, That I attended theceased from Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or parficular kind of work (b) General nature of indostry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ Sfate _____ yrs. ___ mos. _ __ ds. Where was disease contracted. If not af place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL, 191 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, (b) rcturn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligchildbirth or miscarriage as "Puerperal scptichaeample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," For vio-



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state be DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

PERMANENT

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UNFADING INK-THIS

PLAINLY, WITH

WRITE

V. S. No. 1.

1 PLACE OF DEATH

County



e

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.; Ward)

[if death occurred in a hospital or institution, give its NAME Instead of street and nomber.]

Village or City & maconing 2FULL NAME Sorman PERSONAL AND STATISTICAL PARTIC

	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH FLAT 2 11 , 1915 (Month) (Day (Year)
6 D	ATE OF BIRTH Jav 27 , 19/5 (Month) (Day (Year)	that I last saw h m alive on The 1 attended deceased from 1915.
7 A	1 day,hrs. or	and that death occurred on the date stated above, at 63 08 m The CAUSE OF DEATH* was as follows:
(a	CCUPATION) Trade, profession, or Irticular kind of work	6/2 months
bus) General nature of Industry, siness, or establishment in lich employed (or employer)	(Duration) yrs inas. ds
9 B	(State or country) Londoning Ind	Secondary (Duration) yrs mes s
S	10 NAME OF E VINIAN E. Selly	(Signed) Herry In Hodge, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Grantsville, and	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) Whether Acciden-
PAF	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	(State or country) Longitudy, Ald THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mr. Somman & Settly	At place of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
16 Fil	(Address) Lower my July	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Oak. Hill Cemetery Tel 2 , 191 5. 29 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

CAUSE OF Important. S

[Approved by U. S. Consus and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persous ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: who have no occupation whatever, write Nonc. been changed or given up on account of the disease minc, etc. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Salesman, (b) The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



V. S. No. 1.

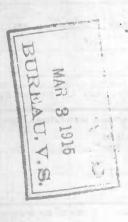
PLACE OF DEA	тн	C	1528 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City June 2FULL NAME	Georg	Mest.	[it death occurred in a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND ST	ATISTICAL PARTICULA	IRS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR Male White 6 DATE OF BIRTH	MARRIED, WIDOWED,	Married 1881	18 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from the state of the
7 AGE 3 4 YIS	Month) (Day	(Year) If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 4. 54 n The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of lodustry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	holesale mes Wolverha	to	Contributor (Duration) yrs mos 2 d
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Mr Kna	p D	(Signed) State the Disease Causing Death, of, in deaths from Violen Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE	EBEST OF MY KNOW	and LEDGE	At place of death yrs. mos. ds. State yrs. mos. difference of death? Where was disease contracted, if not at place of death? Former or usual residence. Managed wire - Frederick with the contract of the co
(Address) Casass Filed F E B 10 1915 If more b	Max lucidants are needed, addre	Mon REGISTRAR SS State Registration	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MONONSOLD 12 , 1915 20 UN DERTAKER ADDRESS LOW O WOLFOND CAMPANY (S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specishould be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers mine, etc. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenciainjury, as fracture of skuii, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convuisions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-The contributory Aiways qualify all diseases resulting from tetanus) may be stated under the head "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

N. B.

	PLACE OF DEATH	1529 STATE OF MARYLAND
Co	unty lllegam	CERTIFICATE OF DEATH
		Registration Dist. No.
	V+1 11-0	[lf death occurred la
Vill	age or City (No. / (No. /)	St.; Ward) a hospital or institution,
	A-A	give its NAME Instead of street and number.]
	FULL NAME John (1	Chaffell and named of
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SE	MARRIED.	16 DATE OF DEATH 7 2 7 1015
1/1	WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)
4		17 I HEREBY CERTIFY, That I attended deceased from
9 DA	ATE OF BIRTH	- Jan 25-, 1915- to Jil 27 7, 1918,
	(North)	that I last saw h alive on Fel 26 - 1915
TAC	(Month) (Day (Year)	20
	1 day hrs	and that death occurred on the date stated above, atm,
	yrs o mos ds or min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	To Colombia
	Trade, protession, or Cherch Sand	Vaccincia I Octor
(b)	Generat nature of Industry,	1/00
	iness, or establishment in ch employed (or employer)	(Duration) yrs. mos. ds.
-	RTHPLACE TO A THE PROPERTY OF	Contributory Sudden Careline
	(State or country)	(Secondary)
-	10 NAME OF	(Duration) yrs mos ds.
	FATHER / M G DI OF	(Signed) M. D.
S	11 BIRTHPLACE	Chel 15 1912 (Address) Franch
Z	OF FATHER (State or country)	
PARENTS	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE) OR DECENT DESIDENTS/
	OF MOTHER (State or country) & Olegan	of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	10- 10 001	It not at place of death?
((Informant)	usual residence
	(Address) that they have	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	71. 1 × 34 // /	Frostlyero Mod. March 1915
File	All Ch / 100 2 / 2 / or way	20 UNDERTAKER APDRESS
FIU	REGISTRAR	8. Hoster Hatte 16
	If more blanks are needed, address State Regist	var, 6 E. Franklig St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in Iudustrial employments, it is nec-Civil engineer, Stalionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (relired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to fime and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of Jungs, meninges, peritonacum, etc., Carcin-

childbirth or misearriage as, "Puerperal septichae-mia," "Puerperal perilonitis," dec. State cause for nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstilial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. Bronchopmcumonia (secondary), 10 ds. Never report affection need not be stated unless important. Ex-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tclanus) may be stated under the head "Semile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio



V. S. No. 1. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTI should state CAUSE OF DEATH in plain terms, so that it may be properly classified. E OCCUPATION is very important. See instructions on back of certificate.
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Fillage or City Cumul Estaved (No. 11,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED OF DIVORCED (Write the word)	16 DATE OF DEATH Selver 23, 1915— (Month) (Day) (Year) 17 Of HEREBY CERTIFY, That I attended deceased from
AGE ## yrs	that I last saw h M ative on Flet 2 3 ,195, and that death occurred on the date stated above, at 7 2 m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Buration) yrs. mos. ds. Contributory Secondary
10 NAME OF FATHER Soale Long 11 BIRTHPLACE OF FATHER (State or country) 2 Maiden NAME OF MOTHER MANY Lond as an	(Signed) (Buration) yrs pos ds. (Signed) (Addrass) (Addrass) M. 0. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placa In the of deathyrsmosds. Stata,yrsmosds. Where was disaase contracted, if not at place of death?
(Address) Filed 2/25, 1915 Max Multon REGISTRAR If more blanks are needed, address State Registrar, 1915	19 PLACE OF BURIAL OR REMOVAL VISE FELL GUE

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired write None. state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servand, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Loborer wife, Housework, or At Home, and children, not gainfully mobile factory. The material worked on may form part mill; (a) Solesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, If retired from (b) Auto-

Statement of Cause of Beath—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohor pneumonio, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, head-homicide; Poisoned by Struck by railwoy train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or misearriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia, chopmeumonia (secondary), 10 ds. Never rent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping "Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bron-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Convulsions," "Debility" ("Concarbolic "Atrophy," "Colacid—probably report mere important.



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospifal or lostitution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, Man (Month) (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from 1915, to_ that I last aaw h alive on_ (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 14,300 m. 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Buration) which employed (or employer) ----9 BIRTHPLACE (State or country) Contributory Secondary (Durafion) 10 NAME OF FATHER S 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Af place OF MOTHER (State or country) Where was disease contracted 14 THE ABOVE IS TRUE TO THE If not af piace of death? (Informant) usual residence

(Year)

DATE OF BURIAL

ADDRESS

1912

If more blanks are needed, address State Registrar, 6, E. Franklin St., Balto., Requesting V. S. No. 1.

19 PLACE OF BURIAL OR

20 UNDERTAKER

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

CAUSING MEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits ean be known. The question been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the misrase causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," State cause for "Exhaustion," For vio-



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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX COLOR OR RACE MARRIED. WIDOWED OR DIVORCED 6 DATE OF BIRTH 7 AGE If LESS than 1 day, hrs. min. ? B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) Means of Injury; and (2) whether Accidental, SUICIDAL OF HOMICIDAL. œ 12 MAIDEN NAME LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE In the OF MOTHER of desthyrs.ds. Stats,ds. (State or country Where was dissese contracted. 14 THE ABOVE IS If not at place of death?.. Former or usual residence DATE OF BURIAL 15 ADDR REGISTRAR If more blanks are needed; address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Lobarer mobile foctory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from in many cases, (b) Auto-

Statement of Cause of Beath—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by earbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "PUERPERAL peritonitis," etc. birth or miscarriage as mus," "Old Age," "Shock," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial rent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Anaemia" (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Puemperal septicharmia," "Uracmia," "Weakness, State cause for which nound.



V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT 4 PLAINLY, WITH UNFADING INK-THIS IS WRITE

1 PLACE OF DEATH	1533 STATE OF MARYLAND
County allisary (2	CERTIFICATE OF DEATH Registration Dist, No.
Village or City Caraband (No. 5 M) 2FULL NAME HAS BASAN	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED,	10 DATE OF DEATH
DATE OF BIRTH	17 Feb. HEREBY CERTIFY, That I attended deceased from Feb. 1915. that I last saw her alive on Feb. 1915.
(Month) (Day (Year)) 7 AGE If LESS than 1 day,hrs. ORmin.? 8 OCCUPATION (a) Trade, protessian, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at OP m. The GAUSE OF DEATH * was as follows: Chronic Nephritis (Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Weens Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed)
of Mother 120 Mg 20 Min 5/1/2 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Dolph Handsock	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) Curry Gazard 15 Filed EB 3 19181 Max Julian	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4 SELS MOUNT 56 3, 1915 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. statement. Never return "Laborer," "Foreman," Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of determine definitely. Examples: Never report For vio-



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Discourage and an analysis of the second sec	UNFADING INK-THIS IS	should be carefully supplied. AGE: EATH in plain terms, so that it may ortant. See instructions on back o
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	N. B.—Every item of information should be carefully supplied. AGE should be stated EXI should state CAUSE OF DEATH in plain terms, so that it may be properly classifie OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		N. BEvery should

County		CERTIFICATE OF DEATH Registration Dist. No.
Village	or Cilcumbigation No. 9 7	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOOWEO OR DIVORCED (Write the word)	16 OATE OF DEATH 27, 1915 (Month) (Day) (Year) 17 HEREBY CERTIFY That I attended deceased from
7 AGE	(Month) (Day) , 1915 (Year)	that I last saw h leather on the date stated above, at 70.
partic (b)	Trade, profession, or cular kind of work General nature of industry less, or establishment in	The CAUSE OF DEATH * was as follows:
9 BIR	THPLACE State or country) TO NAME OF FATHER FATHER TO NAME OF FATHER	Contributory Secondary (Signed) (Signed) (Buration) (Signed) (Signed) (Buration) (Signed) (Signed) (Signed) (Signed) (Signed)
2	12 MAIDEN NAME OF MOTHER MAIN MAIDEN NAME OF MOTHER MAIN MAILEN	*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
14 THE	State or country) ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	OR RECENT RESIDENTS) At place In tha of death
15	(Address) for the Man Man	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed	REGISTRAR If more blanks are needed, address State Registrar,	Jours Steen City

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer of the second statement. especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, Never return "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated Struck by railway troin—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonities," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," (c.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Ansemia" (nerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercurcough; Chronic valeular heart disease; Chronic interstitial birth or miscarriage as cause. etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Puerperal septichaemia," Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 3 1915
BURHAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING RESERVED FOR MARGIN

V. S. No. 1.

1 PLACE OF DEATH	535 STATE OF MARYLAND			
allege 1 16°	CERTIFICATE OF DEATH			
County Add Affeld Sellenger				
	Registered No.			
Village or City Staller Mo. 59!	St; Ward) [If ueath occurred in a hospital or institution, give its NAME instead			
2 FILL MANE (Myrest)	of street and number.]			
² FULL NAME OMM	1. M. Martin Lather Market			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 049/2 12 1015			
Me Whole (whole word)	(Month) (Day) (Year)			
B DATE OF BIRTH	17 I HEREBY CERTIFY. That I attended deceased from			
C45/- 11, 1911.	, 1915, to 1915,			
(Month) (Day) (Year)	that I last saw h som alive on 456 12 1915			
7 AGE If LESS than	and that death occurred on the date stated above, at 10 g m.			
1 day,hrs.	The CAUSE OF DEATH* was as follows:			
Mo yrs. 220 mos. 60 ds. OR5min.?	Mall was as lonows:			
BOCCUPATION	The state of the s			
(a) Trade, profession, or particular kind of work	1			
(b) General nature of industry,	<i>f</i> = 1			
business, or establishment in	(Duration) 20 yrs 20 mos 200 ds.			
which employed (or employer)	Contributory Turkerson			
9 BIRTHPLACE (State or country) Asoallowed MI	(Secondary)			
10 NAME OF FATHER	(Signed) (Si			
11 BIRTHPLACE	, 191 (Address) 30 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
OFFATHER (State or country) Mulfaud Jud	*State the DISEASE CAUSING DEATH, OF In deaths from Vicinium			
2 12 MAIDEN NAME OF MOTHER 741 A C	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-			
a Musi a Tallaghes	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,			
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the			
(State or country)	of death yrs mos ds. State yrs mos ds.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?			
Cal Hongan	Former or			
(Informant) Allumin Vogan	usual residence			
(Address) Froslbury Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
15	Catholia Canilory Fralling My Fet 12, 1915			
Mel 4 2 / Soll only or	20 UNDERTAKER ADDRESS			
REGISTRAR	Edward Hogan (Pount From M Med			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the "Manager," "Dcaler," etc., without more precise specistatement. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29



BINDING FOR 0 ESER/ Œ MARGIN

statement PERMANENT EXACTLY. classified. pinous roperly supplied. UNFADING may that 20 0 terms, back plain DEATH in plain Information WRITE 00 Item Every Item CAUSE OF Important.

state Very

PHYSICIANS should of OCCUPATION IS

RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred la -Ward) a hospital or institution. give its NAME lostead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OF RACE 5 SINGLE. DATE OF DEATH MARRIED. 1915 WIDOWED. (Month) (Write the word) (Dav (Year) I HERESY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at, 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) _____yrs____mos.___ which employed (or employer) -----BIRTHPLACE Contributory. (State or country) Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE , 191 5... (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. __ __ ds. State ____ yrs. ___ mos. Where was disease contracted. THE ABOVE IS TRUE TO KNOWLEDGE If not at place of death?. Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed.

REGISTRAR

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

ented thus: Farmer (retired 6 yrs.) For persons eausing neath, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. who have no occupation whatever, write Nonc. minc, etc. "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; applies to each and every person, irrespective of age. been changed or given up on account of the disease it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, The

Statement of cause of death—Name, first, the misease eausing neath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of iujury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeeause. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Mcdical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocte, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report

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RECORD PERMANENT INK UNFADING Information

1 PLACE OF DEATH stato Very i Oley a YSICIANS should OCCUPATION IS 2FULL NAME ō PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, ML WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE T if LESS than cias 1 day,hrs. OR min. ? AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work. pe (b) General nature of Industry. business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 50 back 11 BIRTHPLACE terms. RENTS (Address) OF FATHER (State or country no 12 MAIDEN NAME plain 4 See Instructions OF MOTHER OR RECENT RESIDENTS) OF MOTHER (State or country) 프 At place EATH of death _____ yrs. ___ mos. ___ ds. 14 THE ABOVE IS TRU Where was disease contracted. If not at place of death?.. jo 0 Former or (Informant Item IL. usual residence. mportant. CAUSE OR REMOVAL 15 20 UNDERTAKER m REGISTRAR If more blanks are needed, address State Registrat, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ... Ilf death occurred is

a hospital or institution, give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State 200S.

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. eated thus: been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, uot who receive a definite salary), may be entered as duties of the household only (not paid: Housekeepters mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has (6)

Statement of cause of death—Name, first, the misease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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V. S. No. 1.

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	PLACE OF DEATH	1538 STATE OF MAR	YLAND
Co	unty alle Sasses 164	CERTIFICATE OF	DEATH
		Registration Dist	. No. 2
	16-	Part	
Vil	lage or City (No. //)	St.; Ward)	a hospital or institution,
		1-,0	give Its NAME instead of street and number.]
	2FULL NAME FOLIM	Asten	***
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 \$	EX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH	6' 1016
/	mala While wid with the word	(Montb)	(Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I	sttended deceased from
	100 Bar - 910	Nec. 2 , 1914, to Feler	5 , 1915
	(Month) (Day (Year)	that I last saw have alive on Hungh	423 ,1915
TA	,	and that death occurred on the date stated	bove, at 2 2 m
	8 yrs mos s. ds. OR min. ?	The CAUSE OF DEATH* was se follows:	
80	CCUPATION	J. J	
	Trada, profession, or ricular kind of work Farming	Crebral Halmon	lege
4(0)	General nature of industry.	5	0 =
" bus	iness, or establishment in ch employed (or employer)	(Duration)	yrs mos ds
	RTHPLACE (State or country)	Secondary Grovec My	Chritis
		(Buration)	7
	10 NAME OF FATHER	(Signed) Leo M. avans	J13
S	11 RIPTHRIACE	0.1	0.70 N. D.
Z	OF FATHER (State or country)	Flby. 6, 1915 (Address) of line	cero ne
ARENT	12 MAIDEN NAME	*State the Disease Causing Death, or, Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	in deaths from Violent (2) whether Acciden-
PA	OF MOTHER Namely Honday	18 LENGTH OF RESIDENCE (FOR HOSPITALS, I	
	13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place in the	THE THE THE TENTS
	(State or country)	of death yrs mos ds. State	yrs, ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?	***************************************
	(Informant) Allangua Mayer	Former or usual residence	
	(Address) / Pradt Mills	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	(AUCOS)	Prat md	2/ 7 1915
File	Heb. 6 1915 Downett	20 UNDERTAKER	ADDRESS
. 1 (1)	REGISTRAR	John (Wolland)	D 1 -1 -1

If more blanks are needed, address State Registrar, E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. Never return. "Laborer," "Foreman," it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Mauager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an For many occupations a single word or term on the who have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

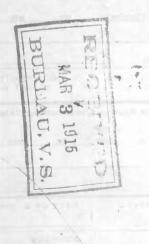
	1 PLACE OF DEATH	ministration and the second	STATE OF M	ARYLAND
Cou	inty alley any	1	CERTIFICATE	OF DEATH
			Registration I	Dist, No.
Villa	age or City Country	Hand (N6.302	Lucabler War	[if death occurred a hospital or institut give its NAME inst of street and nomber
	2FULL NAME	DARTICIII ARE	MEDICAL CERTIFICATE	AP DELTU
3 SE	PERSONAL AND STATISTICA	S SINGLE.	MEDICAL CERTIFICATE	OF DEATH
71	1 1 2	MARKIEU; single	(Month)	(Day (Yea
1		(Write the word)	17 I HEREBY CERTIFY, The	at I attended deceased f
O DA	TE OF BIRTH	14 5	TEG-14, 1915, to	16-191
	(Month)	(Day (Year)	that I last saw handlive on	Fabr. 16,191
TAG		If LESS th	and that death occurred on the date eta	ted above, at T. G
	Wife man	1 day,h	The CAUSE OF DEATH* was as follows	
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[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," tion is very important, so that the relative healthfuleated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ete. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speelmaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ehildbirth or misearriage as "Puerperal septiehaevalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State eause for ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Ilaemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. affection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasics (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

HYSICIANS statement of	county Allegary Philosophics	Outside of CERTIFICATE OF DEATH City Limits Registration Dist. No.
Exact	2 FULL NAME Quie FColor	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
assified	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rate	Temale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
nould be stop properly certificate	6 DATE OF BIRTH Sun Know , 1821 (Month) (Day) (Year)	## 1915, to JEhr 14, 1915 that I last saw h & alive on JEhr 14, 1915
AGE shit may b	7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at 623 m The CAUSE OF DEATH * was as follows:
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Z	Filed B 1 6 1915 191 REGISTRAR If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved-by U. S. Census and American Public Health Association.]

Housemaid, etc. If the occupation has been changed state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Luborer write None. business, that fact may be indicated thus: Former (retired taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Former or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia of lungs, menintunqualified, is indefinite); Tuberculosis of lungs, menintunqualified,

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letonus) may be stated suicide. SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) head-homicide; Poisoned Struck by railway troin-accident; Revolver wound to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart discose; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Always qualify all discuses resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercurby carbolic acid-probably "PUERPERAL septicharmia," "Dropsy," "Exhaustion," Never report mere Whooping



	1 PLACE OF DEATH	STATE OF MARYLAND	
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Villa	ge or City Cust Esland (No. 1/2, F)	a hospila give its	ath occurred in al or institution, NAME instead t and number.]
	- FULL NAME		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	x COLOR OR RACE SINGLE, MARRIED, WIDDWED OR DIVORCED OR DIVORCED (Write the word)	18 DATE OF DEATH Filmany 27 (Wonth) (Day)	
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7 AG	- (Month) (Day) (Year) E If LESS than 1 day, hrs.	and that death occurred on the date stated above	,
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14 T	(Informant) Edward Lovery	If not at place of death ?	004044400000000000000000000000000000000
	(Address) Comberland Hd	19 PLACE OF BURIAL OR REMOVAL DATE OF I	BURIAL
15 FII	ed MAR 1 19,191 Wax Motton REGISTRAR	20 UNDERTAKER ADDRESS	
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	
	Klears		

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the disease causing death, "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm loborer, Laborer write None. state occupation at beginning of illness. Housemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used applies to each and every person, irrespective of age ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired taken to report specifically the occupations of persons mobile factory. mill; (a) Salesmon, (b) Grovery; (a) Foremon, business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, c. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coul mine, etc. Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere nephritis, ctc. Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important "Timor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Dropsy," "Exhaustion," wound of



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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred inWard) a hospital or institution. give its NAME instead of street and number.1 Mc flow PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. , 1915 WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE and that death occurred on the date stated above, at 7.30 If LESS than 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) one yrs which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. __ Where was disease contracted. If not at place of death? Former or usual residence. 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

7. S. No. 1.

CAUSE OF

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who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal time and causatiou), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) fcvcr (the only definite synonym is "Epidemic cere-Icsis of lungs, meninges, peritonaeum, etc., Carcin Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid BURRAU, V. M.

CONTROL OF

mia," "Tuerperal peritonitis," etc. nalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-".Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 State cause for or as probably For viods.

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-Ail the data is essential and must be obtained before

stated EXACTLY. PHYSICIANS should state i. Exact statement of OCCUPATION is very

properly classified. should be

of information should be carefully supplied.

DEATH in plain terms, so that it may be in See instructions on back of certificate.

N. B.-Every item CAUSE OF Important.

AGE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City & Khart (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male Isolor or RACE Single, les Sources Wilsower, Wilsower, Wilsower, Wilsower, Wilsower, Wilsower, Write the word)	(Month) (Day (Year)		
TAGE Sept 5,830 (Month) (Day (Year)	### 13 1915 to ### 21 1915. that I last saw h invalive on ### 2/ 1915		
BOCCUPATION (a) Trade, profession, or Political American	and that death occurred on the date stated above, at 3. 2. 50 m, the pause of DEATH's was as follows:		
particular kind of work	Contributor There ma farterus Secondary		
10 NAME OF SATHER OF SATHER OF SATHER OF SATHER OF SATHER OF SATHER (State or country)	(Openion) yrs mos ds. Graned 2. 1915 (Address) From Voy M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT		
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER DON'T KNOW 13 BIRTHPLACE OF MOTHER OF MOTHER (State of country) Yell and	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death		
(Address). Chart Mid	Where was disease contracted, If not at place of death? Former or usual residence. PRACE OF BORIAL OR REMOVAL ATTOR BURIAL		
16 File File 22, 1915 D 9.	At Milhaels Centre 23, 1913 Grundertakes Co Friedting		

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day taborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton milt; (a) Satesman, (b) Statement of occupation-Preeise statement of occupa-If retired from business, that faet may be indi-Never return "Laborer," "Foreman," Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the misease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemie eerebrospinal mediatis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal poritonitis," etc. State eause for vatvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and cousequenees (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as cte., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," theula," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head of by carbotic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. The contributory Measles "Seuile," ete.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; (seeondary or intercurrent)



V. S. No. 1.

N.

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH County allegary (73 Village or City authorized (No. Allegary) PULL NAME alfest Mc	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or lostitution, giva its NAME instead of street and nombar.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE SHINGLE, VILLEY & MARRIED, WIDOWED, ORDIVORGEO (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH Jehr 2 , 1915 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended decessed from July 1915, to July 22, 1915,
(Month) (Day (Year)	that I last saw home alive on setry 17 , 1915
⁷ AGE It LESS than	and that death occurred on the date stated above, at 34 m,
2 8 yrs mos ds OR min. ?	The CAUSE OF DEATH* was as follows;
a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Critching force of failing mine ropofe (Duration) yrs mos. 3 ds.
State or country) Garrett Co Mc	Secondary Outside the secondary of the
10 NAME OF FATHER TYT ME No bee	(Signed) James Johnson, M. B.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*Frate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDEN.
of Mother Arried Me Mobile	CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR Hospitals, Institutions, Transients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or county-permot)	At place of death yrs. mos. 2 ds. State yrs. mos. 42 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Slaine W.Va.
(Informant) Abraham 4. 11 7/00,0	Former or usual residence, Blaine W. Va
(Address) Le Tame Lega Mela	Drains Web 25 194
Filed Filed 1915 Mar Lutton	20 UNDERTANEN ADDRESS

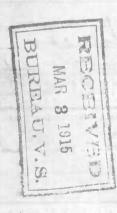
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecte., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion,"



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Very 0 back

state

pinous OCCUPATION PHYSICIANS RECORD of statement PERMANENT classified. D proper AGI INK supplied. pe UNFADING may WITH terms, plain Instructions 2 I WRITE See OF Important.

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICUL SEX 4 COLOR OR RACE DATE OF BIRTH 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 0 13 BIRTHPLACE

OF MOTHER (State or country)

(Address)

(Year)

If LESS fhan

f doy hrs.

OR 7

S SINGLE,

(Month)

MARRIED.

WIDDWED. ORDIVORCED (Write the word)

(Day

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH DATE OF DEATH 19A (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 17 and that death occurred on the date stated above, at___ The CAUSE OF DEATH* was as follows: Contributory Secondary *Etate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

П	At place		10 Ine			
1	of death yrs mos	ds.	State	yrs.	mos.	đ
	Where was disease confracted,					
1	If not at ploce of deoth?					
	Former or					

..., 191.5.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

PLACE OF BURIAL OR REMOVAL	DATE OF BUR
Photo musical professional	1 7/15
20	1

OR RECENT RESIDENTS)

osual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. Never return "Laborer," Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can injury, as fracture of skull, and consequences (e. g., sepsis, totanus) may be stated under the head of "Contributory." (Recommendations on statement of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 4 1915 BURBAU, V. S.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT 6

V	PLACE OF DEATH ounty Allegany illage or City Frostbury (No. 2)	St.; Ward)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3:	Married, Willowed, Willowed, Write the word)	(Month) (Day (Year)
6	(Month) (Day (Year)	that I last saw ham alive on Jub w 1915
7,	3 7 yrs 6 mos 20 ds. or min.?	and that death occurred on the date stated above, at 6 arm, The GAUSE OF DEATH* was as follows:
5	a) Trade, profession, or particular kind of work	(Paralysis of throat (laryhy).) (Duration) yrs. mos. 5 ds.
	State or country) Hest Virginia 10 NAME OF FATHER MO MB a lews	Contributory Secondary (Duration) yrs mos ds. (Signed) A. R. Walku M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
0	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death yrs, mos ds.
14	(Informant) 4 The Best of MY KNOWLEDGE	Where was disease confracted, If not at place of death?————————————————————————————————————
15	File8 teb 24, 1810 V. L. Coursey	PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL ADDRESS PLACE O

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-(Recommendations on statement of



RECORD	PHYSICIANS should state t of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5	1 PLACE OF DEATH	STATE OF CERTIFICATE	MARYLAND OF DEATH
00	unty Curfain	Registration	Dist, No.
Vili	2FULL NAME and WOLLEY	miller	[If death occurred in a hospital or Institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
3 BI	4 COLOR OR RACE MARKIES, WIOWED, ORSWINGED, (Write the word)	16 DATE OF DEATH (Month	(Day (Year)
B D	ATE OF BIRTH	that I last saw h receive on	Feb 16 2/1015.
TAG	(Month) (Day (Year) as Alast, 50 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date of the CAUSE OF DEATH* was as folio	
(a) pai (b)	Trade, profession, or ticular kind of work. General nature of industry,	Cenbral	Henrischage
Whi	ness, or establishment in Sylo M. R.	(Duration)yrsmosds.
9 BI	(State or country)	Contributory Secondary (Duration	a) wes do
	10 NAME OF Steven hiller	(Signed) Blank fee	1)
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEAT	H, or, in deaths from VIOLENT
PAR	12 MAIDEN NAME OF MOTHER WARMOUN	TAL, SUICIDAL, OF HOMICIDAD.	Y; and (2) whether Acciden-
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds.	the first mos. ds
	informant) Mus Bertha Stressay	Where was disease contracted, Clevel if not at place of death? Former or usual residence. Careaberla	and Olio
16	(Address) Zedral St.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
File	FEB181915 Max Julton	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuicated thus: CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Groeery; (a) Foreman, (b) Automobile factory. For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asture of the American Medicai Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify aii diseases resulting from Measles (disease causing death), 29 ds.; "Senilc," etc.), "Dropsy," "Exhaustion," Never report



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	PLACE OF DEATH	1548 STATE OF MARYLAND
Cour	Megany	CERTIFICATE OF DEATH,
	M of a	Registration Dist. No.
Villa	ge or City Curel Eslaud No. 207	I hrugdele. 6 Ward) [If death occurred in
		a hospital or institution, give its NAME Instead
	2 FULL NAME Sufficient	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, Surgle WIOOWED OR OIVORCED	16 OATE OF DEATH Jebruary 24, 195
A-6	Write the word)	17 I HEREBY CERTIFY, That I aftended deceased from
6 OA	TE OF BIRTH	Fell, 24, 1915, to Fel 34, 1915,
	(Months (Day) (Year)	that I last saw h w afive on Fell 24, 1915,
7 AG		and that death occurred on the date stated above, atm.
	1 day, hrs. OR min.?	The CAUSE OF DEATH * was as follows:
8 0	yrs. mos. ds. OR min. r	
(a	a) Trade, profession, or ricular kind of work	The ore
MENT IN	D) General nature of Industry	
bu	islness, or establishment in an incident since the state of the state	
	IRTHPLACE	Contributory Secondary
	(State or country) Ma.	(Quration)yrsmosds,
	10 NAME OF PATHER PAYOR	(Signed) Signed, M. O.
S	W. Mules.	Fell 725 1915 (Address) Oursbelland hes
Z	11 BIRTHPLACE OF FATHER (State or country)	*Chate the Dyoneen Cancerna Drawn or in double from Violent
PARENTS	12 MAIDEN NAME OF MOTHER OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
4	Cora Harclerode	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER	Al place in the
14 -	(State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Oma alla		if not at place of desih?
	(Informant)	usual residence
	(Address) 207 Skrugdale of	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	The state of the s	Moseffell Come 1 1 1913
FI	ed E B 2 / 191 191 Max Survion	20 UNORTHER AODRESS
	REGISTRAR	Hous New Cele

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Hausework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Hausethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc.. without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Fareman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. Hausemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -('oal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhiaid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated surgical operation was undertaken. For violent deaths "Publicant peritonitis," etc. State cause for which on Nomenclature of the American Medical Association.) head-homicide; Poisoned SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichaemia, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valeular heort disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Struck by railway train-accident; Revolver wound at to determine definitely. Examples: Accidental drowning; Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercurby carbolic acid-probably "Dropsy," "Exhaustion,



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1549 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No..... fif death occurred inWard) a hospital or Institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX MARRIED. WIDOWED, (Month) OROIVORCED Write the word I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, brs. The CAUSE OF DEATH * was as lollows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER (Address) PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER State yrs. mos. . Where was disease contracted. If not at place of death? Former or usual residence. DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekecpers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquailfied, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis

cause of death approved by Committee on Nomencia "Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUST and qualify as mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage. as "Purrenal scottchae. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras. genltal," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) schsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Ar-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) "Old Age," "Shock," "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of "Taemia," "Weakness," ... (name origin; "Can-State cause for Examples: For vio-



MARGIN

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.

1 PLACE OF DEATH	1550 STATE OF MARYLAND
County alley any	CERTIFICATE OF DEATH
	Registration Dist. No.
Shull	[If death occurred in
Village or City (No	St.; Ward) a hospital or institution, give its NAME instead
FULL NAME Jillie	le le les of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH 2 /7 . 1915
or olyorest (Write the Nord)	(Month) (Day (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
14 15- ,19/4	that I last saw her alive on Tele:
7 AGE (Month) (Day (Year)	
7 1 day,hrs.	and that desth occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
BOCCUPATION YES MOS OR MIN. ?	Ile, chity
(a) Trade, profession, or particular kind of work	
(b) General nature of Industry,	,
business, or establishment in which employed (or employer)	(Duration) yrs. / mos. / Q ds.
9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF D	(Duration) trs mos ds.
FATHER Kugning Kull	(Signed) M. ()
11 BIRTHPLACE OFFATHER	Tiel 3, 1815 (Address) strotting (m)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother (1/can	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place
(State or country)	of death yrs mos ds. State yrs mos ds Where was disease contracted.
THE ABOVE IS THUE TO THE BEST OF MY MOWLEDGE	If not at place of death?
(Informant)	Former or usual residence
(Address) Colonel / Ch	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Crestrung, Md : 52k 1t, 191.5.
Filed, 191	20 UNDERTAKER ADDRESS ADDRESS A

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. Scrvant, Cook, Housemaid, etc. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae eause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras geuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF MOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head State cause for For VIO-



[Approved by U. S. Census and American Public Health Association.]

write None. husiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Househeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, husiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, on statement of cause of death approved by Committee to determine definitely. Examples: Accidental drowning. surgical operation was undertaken. For violent deaths "Puerperal perilonities," etc. State cause for which birth or miscarringe as "Puenperal septichaemia," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," heod-homicide; Poisoned by corbolic acid-probably Struck by roilway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), cough; Chronic vulvulor heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of lapse," "Coma," "Anaemia" (merely symptomatie), "Atrophy," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important nephritis, etc. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," ACCIDENTAL,



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state Very should is OCCUPATION PHYSICIANS statement EXACTLY Exact classified. properly AGE supplied. be may certificate, 9 0 back terms, 0 piain instructions Information 2 I EAT 0 A OF Item Important. CAUSE 40 z

1552 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Ward) a hospital or iostitution, give its NAME Instead of street and nomber.] 2FULL NAME CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. DATE OF D ARRIED. 1910 QWED. Month) (Dav (Year) RCED be word) RTIFY, That Lattended deceased from 6 DATE OF BIRTH nth) (Day Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF ORmin. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) _____vrs_ which employed (or employer) -----Contributory Secondary (State or country) 10 NAME OF FATHER. (Signed) S 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State _____ yrs. ___ mos. __ _ ds. Where was disease contracted, 14 THE ABOVE IS TRUE TO If not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKEN ADDRESS REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Baylo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaccause. Always qualify all discases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of For Vio-



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Coun	1 PLACE OF DEATH Aty Allegany 6	1553 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.		
Villa	ge or City Cumberland (No. 122)	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Lec	x 4 COLOR OR RACE 5 SINGLE, MARRIED, MANUES OR OIVORCED (Write the word)	B DATE OF DEATH Start 2411 1916 (Month) (Day) (Year)		
7 AG (a pa) (b) wh	(Month) (Day) (Year) (Month) (Day) (Year) (Year) (Total Pation of Most of M	that I last saw h and an armound 191 , and that death occurred on the date stated above, at 6 Mam. The CAUSE OF DEATH * was as follows: (Buralion) yrs. mos. ds. Contributory Secondary Secondary (Signed) (Address) Armound Address (M. O. M. O.		
14 TI	(Informant) John J. Oho (Address) Comment and Moderate M	of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL 20 UNDERTAKER ADDRESS Omnown and		
If more blanks are reeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, write Nonc. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers taken to report specifically the occupations of persons employed, as At school or At home. Carc should be wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furm laborer, Loborer business, that fact may be indicated thus: Farmer (retired mill; (a) Salesman, (b) Grocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases, first line will be sufficient, e. g., Former or Planter, Physiness of various pursuits can be known. The question mobile factory. know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee SUIGINAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) and consequences (c. g., sepsis, letanus) may be stated head-homicide; Poisoned by corbolic acid-probably Struck by roitwoy train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Anacmia" (merely symptomatic), "Atrophy," Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Corcinomo, Sarcoma, etc., of..... Example: Meosles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 3 1915
BURLLAU, V.S.

V. S. No. 1.

ld state is very	PLACE OF DEATH County allegacy (64)	STATE OF MARYLAND CERTIFICATE OF DEATH,
79		Registration Dist. No.
PHYSICIANS shot of OCCUPATION	Village or City webstand (No Preste	The State ward) [If death occurred to a hospital or institution, give its NAME lostead of street and number.]
	FULL NAME Was J. C.	A street with managing
Y. Fent	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
XACTLY	Male Hute Single, MARRIED, Names of Orbivorce (Write the word)	16 DATE OF DEATH felfrusry 19, 1915 (Month) (Day (Year)
Exact	6 DATE OF BIRTH Sept 2.3 25	17 I HEREBY CERTIFY. That I attended deceased from + Africary 9, 1915, to + Arreary 19, 1915.
lfled.	(Month) (Day (Year)	that I last saw h Lew alive on February 18, 1915
should y class	7 AGE 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 130 m, The CAUSE OF DEATH* was as follows:
properi	a) Trade, profession, or particular kind of work	Thursday 7
may be	(b) General nature of Industry, business, or establishment in which employed (or employer)	(Buration) yrs mos. ds.
ully a	9 BIRTHPLACE (State or country) full and from	Secondary (as Ton & delarging (2000))
so that of cert	10 NAME OF Grange Ord	(Signed) (Doration) yrs mos ds.
ms, back	11 BIRTHPLACE OF FATHER	filf 19 , 191 5 (Address) Combelling mg
ain ter	OF FATHER (State or country) 12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
rmatio	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	or RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, or RECENT RESIDENTS) At place of deathyrsmosds. State State
of Info DEATI See Ins	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Counterland Wd Former or Former or
Item E OF tant.	(morman) Curil a limit	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
B.—Every CAUSI Import	ried F B 1 9 19, 15) Max Clou	20 UNDERTAKER ADDRESS
Z		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many applies to each aud every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., such, if impossible to determine defiuitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaccte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Seuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations ou statement of (secondary or intercurrent) State cause for For VIO-



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PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH OCCUPATION Registration Dist. No [If death occurred laWard) a hospital or institution. give its NAME inslead of street and number. I of PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH* was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishmen! which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER 0 back ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-00 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. ATH in plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. State _____ ds Where was disease contracted, If not at place of death? Former or usual residence..... mportant. Philos Geneles DATE OF BURIAL 15 Wellingen 20 UNDERTAKER ADDRESS REGISTRAR idmout WVa

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dcaler," etc., without more precise specistatement. additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton milt; (a) Salesman, is very important, so that the relative healthful-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," "Foreman," If the occupation has As examples: (0)

Statement of cause of death—Name, first, the disease eausing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaevalvutar heart disease; Chronic interstitiat nephritis, nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: genital," is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for For VIO-



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certificate.

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Instructions

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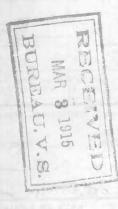
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No lif death occurred in hospital or Institution. give Its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RAGE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Month (Day (Year) I HEREBY CERTIFY hat I attended decessed from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FAYHER (State or country) the Disease Causing Death, or, in deaths from Violent s, state (1) Means Of Injury; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. usual residence 16 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";). Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritongeum, etc., Carcin-

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No. 00

N.B.

-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

PLACE OF DEATH County Allegany (90)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Vittage or City Trostburg (No, C) 2FULL NAME Lewis Range	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hute Single, Married Widowed, Wildwred Will the word	16 DATE OF DEATH (Month) (Day (Year)
9 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h kin alive on Febra 5 , 191 5
7 AGE It LESS than	and that death occurred on the data stated above, st 4154 m.
SO yrs mos 34 ts or min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) State or country)	Contributory asthma Browns ds. (Duration) yrs mos. 3 ds. Contributory Asthma Browns ds.
10 NAME OF Shellip Runk 11 BIRTHPLACE OF FATHER (State or country)	(Signed) M. Olever M. Jane, M. D. Skly7, 191 (Address) Frestburghs
11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Whenowy	At place in the of death yrs, mos ds. State yrs, mos ds
(Informant) Henry Tishes (Informant) Henry Tishes (Informant) Henry Tishes	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ON DATE OF BURIAL
16 Files Pel 8, 1915 SI Convey	German Luthern 28, 191.5
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as Ai school or At home. Care CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—land, first, the disease causing death—land, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scosis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for For vio-



No.

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PHYSICIANS RECORD PERMANENT Exact pinous properly AGE 307 may carefully o certificat 20 6 be back terms, pinous 6 Instructions plai <u>c</u> EATH ō 0 Item OF mportant. M Every

SICIANS should OCCUPATION IS

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Ragistration Dist. No. It death occurred in ----Ward) a hospital or institution, give its NAME Instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED. (Month) (Da (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at_ 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAMS TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State ____ yrs, __ Where was disease contracted. If not at place of death?-Former or usual residence. 19 PLACE OF BURNAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The question

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "(Toup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonacum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Coutributory." scpsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: accidental, suicidal, or nomicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from ete., when a defluite disease ean be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (seeondary or intercurrent) Measles (disease eausing (Recommendations on statement of State eause for death), 29 ds.;



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Gounty College 8	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.	
Village or City Ollhan (No	St.;—Ward) [If death occur a hospital or lost give its NAME i of street and num	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH HELD 2/ (Month) (Day (Y	
6 DATE OF BIRTH MANA 12, 1914 (Month) (Day (Year)	that I last saw have alive on Hell 2	
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 6 , 9. The CAUSE OF DEATH* was as follows:	
8 OCCUPATION (a) Trade, profession, or particular kind of work	Cofalony Brushilis	
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Duration) yrs mos, 2 Secondary	
10 NAME OF FATHER Howard (Ephone) 11 BIRTHPLACE OF FATHER	(Signed) (Doration) yrs mose (Signed) (Address)	
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MANY OF MOTHER MANY OUT OUT OUT OUT OUT OUT OUT OU	*State the DISEASE CAUSING DEATH, or, in death, from VI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACTAL, SUICIDAL, OF HOMICIDAL. 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSOR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs, mos fi not at place of death?	
(Informant) Howard Kephon (Address) Collart	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DESERVICES	
15 Filed, 191	20 UN DERTAKER ADDRESS	
If more blanks are needed, address State Regis	1 XIVI Jastury	

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illcated thus: ness. If retired from business, that fact may be indlshould be taken to report specifically the occupations who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an been changed or given up on account of the disease mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuctess of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., scpsis, totanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemla" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant peoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of....... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Z. B.

560 1 PLACE OF DEATH STATE OF MARYLAND Registration Dist, No.

CERTIFICATE OF DEATH

[If death occurred in -Ward) a hospital or institution, give its NAME Instead

of street and nomber.]

PERSON	AL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Malz 1	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDDWED, ORDIVDACED (Write the word)	16 DATE OF DEATH The 1915 (Month) (Day (Year)
6 DATE OF BIRTH	aug.	20 ,184 (Day (Year	that I last saw has alive on Fig. 2, 7 the 1915.
BOCCUPATION (a) Trade, profession, or	patral	os ds or	The CAUSE OF DEATH* was as follows:
(b) General nature of it business, or establish which employed (or emp BIRTHPLACE (State or counts	ndustry, ment in ployer)		Contributory Secondary (Ouration) yrs 6 mos 6s.
10 NAME OF FATHER 11 BIRTHPLAC OF FATHE (State or c) 12 MAIDEN NA	country) Ser	Richer	(Signed) yrs mos ds. (Signed) Author 1915 (Address) Author 1915 (Address) Author 1916 (
of Mother (State or c	E Characte	many.	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted,
(informant)	Lonaco	cher, my	If not at place of death? Former or usual residence. 19 Relace of Burial or Removal Michaely Cemeter Positive March 2, 1915
Filed Mou De	If more blanks ar	REGISTRAR e needed, address State R	egistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

eated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, cte. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. ecr" is less definite; avoid use of "Tumor" for maligture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or misearriage as "Puerperal scotichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Schile," etc.), (Recommendations on statement of "Dropsy," State cause for "Exhaustion," For Vio-



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PHYSICIANS should of OCCUPATION is RECORD statement PERMANENT EXACTLY. classified. 4 2 pinous UNFADING INK-THIS properly AGE supplied. 0810 certificate. carefully that it 80 o PLAINLY, WITH pe DEATH in plain terms, See instructions on back should of information WRITE Every item CAUSE OF Important.

state Very

3 SEX

7 AGE

S

ARENT

15

6 DATE OF BIRTH

SOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

OF FATHER (State or country)

(b) General nature of Industry, business, or establishment in

PLACE OF DEATH Village or City 2FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

(Month)

which employed (or employer)

yra......ds.

4 COLOR OR RACE



f day.....hrs

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No....

St.;	.Ward)
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If death occurred in a hospital or institution. give its NAME Instead of street and number.]

5 SINGLE, MARRIED.

WIDOWED. ORDIVORCED (Write the word)

(Day

	CERTIFICATE	OF DEATH	
16 DATE OF DEATH	Fel	7	, 191.
	(Month)	(Day	(Year)
17 I HEREBY	CERTIFY, Tha	t I attended dece	ased fro
19	1, to		, 191
that I last saw hall	ve on	arra:	, 191
and that death occurred o	n the date stat	ed above, at	mmil *** * * * * * * * * * * * * *
The CAUSE OF DEATH*	was as follows	Ttill 6	a.t
Placenta In	neria X	Prolate	11

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Secondary			
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(Signed)	11. 130	uchen	
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. 679			_
The 5, 191 5 (A			_
THER 5, 1915 (A	ddress) 3	artin	h.
. 600	ddress) 3	artin	h.
*State the DISEASE C. CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMICI 18 LENGTH OF RESIDENCE	ddress) January;	or, in deaths from and (2) whether	VIOLE ACCIDE
*State the DISEASE C. CAUSES, State (1) MEAN TAL, SUICIDAL, OF HOMIC OR RECENT RESIDENCE OR RECENT RESIDENCE OR RECENT RESIDENTS)	ddress) J LUSING DEATH, IS OF INJURY; IDAL.	or, in deaths from and (2) whether	VIOLE ACCIDE
*State the DISEASE C. CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMICO OR RECENT RESIDENTS) At place	ddress) Jausing Death, is of Injury; idal.	or, in deaths from and (2) whether	VIOLE ACCIDE
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*State the DISEASE C. CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMICO OR RECENT RESIDENTS) At place	ddress)	or, in deaths from and (2) whether s, Institutions, Tr	VIOLE ACCIDE
*State the DISEASE C. CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC OR RECENT RESIDENTS) At place of death yrs mos. Where was disease contracted.	ddress)	or, in deaths from and (2) whether s, Institutions, Tr	VIOLE ACCIDE
*State the DISEASE C. CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMICO OR RECENT RESIDENTS) At place of deathyrsmos. Where was disease contracted, if not at place of death?	ddress) January Death, sof Injury; le (For Hospital In the ds. State	or, in deaths from and (2) whether s, Institutions, Tr	VIOLE ACCIDE
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*State the DISEASE C. CAUSES, State (1) MEAN TAL, SUICIDAL, OF HOMIC 18 LENGTH OF RESIDENCE OF RECENT RESIDENCE OF RECENT RESIDENCE OF WAS disease contracted, If not at place of death? Former or Usual residence	ddress)	or, in deaths from and (2) whether s, Institutions, Tr yrs,	VIOLE ACCIDE
*State the DISEASE C. CAUSES, State (1) MEAN TAIL, SUICIDAL, OF HOMICO OR RECENT RESIDENTS) At place of death	ddress) January Death, is of Injury; lindal. EE (FOR HOSPITAL ds. State)	or, in deaths from and (2) whether s, Institutions, Tr yrs,	NOTE ACCIDITATE ACCIDI

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Fuhlle Health Association.]

CAUSING DEATH, state occupation at beginning of Illmaterial worked on may form part of the second additional line is provided for the latter statement; Civit engineer, Stationary freman, etc. But in many who have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobite factory. The (a) Spinner, (b) Cotton milt; (a) Satesman, it should be used only when needed. As examples: the nature of the business or ludnstry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal menhagitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "YUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgeuital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Can injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by raitway train-accisneh, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which snrgical operation was undertaken. The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of Never report For Vio



F. S. No. 1.

N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City VILL NAME	St.; Ward) Registration Dist. No. St.; Ward) Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
(Month) (Month) (Tear) 7 AGE If LESS than 1 day,hrs. ORmin.?	that I last saw h alive on Tell 1915, 1915, and that death occurred on the date stated above, at 1 m, The CAUSE OF DEATH* was as follows:
(b) Geoeral nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) (State or country)	Contributory an alysis mos. 2 ds.
OF FATHER OF State or country) OF State or country)	(Signed) (Dupation) yrs mos. Ods. (Signed) (Address) In July 1
T Z OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MOTHER (State or country)	*State the-DISBASE CAUSING DEATH, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the of death yrs, mos, ds.
(Informant) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	Where was disease contracted, If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS FIGURE FURNITURE & Maderial in a Contract of the c
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specition is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pcritonaeum, etc... Carcin-

childbirth or miscarriage, as "Purperal septichaecause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the ture of the American Medical Association.) scpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for malig-Sarcoma, etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds. (name origin; "Can-State cause for Examples: For VIO-



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PHYSICIANS should state of OCCUPATION is very Village or City Exact statement PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE WIDOWED, OROIVORCEO (Write the word) DATE OF BIRTH may be properly classified. (Month) (Day 7 AGE AGE BOCCUPATION (a) Trade, protession, or particular kind of work carefully supplied. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE that it (State or country) 10 NAME OF FATHER 80 9 on back PARENTS of FATHER (State or country) DEATH in piain terms. 12 MAIDEN NAME See instructions of information 13 BIRTHPLACE OF MOTHER (State or country) CAUSE OF important. S (Informant) 15 1.0

1 PLACE OF DEATH

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If LESS than

1 day,....hrs.

REGISTRAR

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

6 DATE OF DEATH February 2nd , 1915 (Month) (Day (Year)
HEREBY CERTIFY, That I attended deceased from Dec. 10th, 1914, to Feb. 2nd, 1915.
hat I last saw he alive on Tev. 1915
nd that death occurred on the date stated above, at 1,15°C, m.
Chronic Thyocardetis
(Duration) yrs. / mos. 23 ds.
Contributory Secondary
Signed M. J. Mcharmott, M. D. Let 20, 191 5. (Address) Widland-Md.
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
IS LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds Where was disease contracted, If not at place of death? fromer or usual residence.
19 - 11 - 1 - 1
Midland Fabry 4, 1915
ADDRESS AND ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSINO DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Bronchopneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis. aant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, If impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scotichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



BINDING RESERVED FOR MARGIN

V. S. No. 1.

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carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD UNFADING INK-THIS IS A PERMANENT See instructions on back of certificate. WRITE PLAINLY, WITH -Every item of Information should be CAUSE OF DEATH in plain terms, s Important.

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1564 STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No. 3
Village or City Onkut (No,	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, WARRIED, WIDOWED, OF BIRTH S DATE OF BIRTH S SINGLE, WARRIED, WIDOWED, OF BIRTH S DATE OF BIRTH	(Month) (Year) 17 I HEBEBY CERTIFF, The lattended deceased from 1915
7 AGE (Month) (Day Year) 7 AGE If LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Frimaling Still-Birthuration yrs mos ds. Contributory Secondary
Oname of Father Loris Sinhuf 11 BIRTHPLACE OF FATHER (Mate or country) If Ya 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidentally, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE & TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of deathyrs,mosds Where was disease contracted,
(Address) Gamberland Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Feb. /3 , 1915 Teo. / Booadrul -	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Meastes; Whooping cough; Chronic ecr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. For vio-"Heart failure," "Hacmorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of Never report



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PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT EXACTLY. Exact stated classified. 4 pe S should THIS properly AGE INK carefully supplied. may be UNFADING certificate. that It 80 ō WITH pe on back DEATH in piain terms. should See Instructions Information WRITE ō CAUSE OF Important. n

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED 6 DATE OF BIRTH 24 (Month) (Day) (Year) If LESS than 7 AGE 1 day,brs. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) Deneral nature of industry, business, or establishment in which employed (or employer) State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in St.:...Ward) a hospital or institution. give its NAME instead of street and number.]

	MEDICAL C	ERTIFICATE (OF DEATH	
16 DATE OF DE	EATH	7/	19	7 40
•••••		7-1/		-, 190
17 / /	LHERERY	(Month)	(Day)	(
1.1	//	ERTIFY, That	attended of	leceased from
	4- , 191	J. to	1	1969.
that I last saw	h alive	on Her		195
		0,		10101
and that death			d above, at	/ / m.
The CAUSE OF	DEATH* w	as as follows:		
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		(Burntlan)		et
******************		(Duration)	yrs	mosds.
(Secondary)			• • • • • • • • • • • • • • • • • • • •	*****************
(2001144)		(B. 15-1)		
	13	(Duration)	yrs	mosds.
(Signed)	1/04	mua	11/	, M. O.
2/19	191.2 (Add	iress)//	1/1/4/1	Brok 11
#State the I		11/1/10	- family	M. J. S. J. S. J.
CAUSES, STATE	(1) MEANS 4, OF HOMICIE	ING DEATH, OF OF INJURY; a DAL.	nd (2) wheth	om VIOLENT
18 LENGTH OF	RESIDENCE	FOR HOSPITAL	s. Institution	S, TRANSIENTS.
OR RECENT R	ESIDENTS)	In the		
of death yrs	mos		yrs,	mos ds
Where was disease	contracted,		3.4	
If not at place of d	eath?	# # # # # # # # # # # # # # # # # # #		**************
Former or usual residence				
19 PLACE OF	BURIAL OR E	REMOVAL	DATECE	Busin
Markey	con X	Mil	July -	BURIAL /1, 1912
20 UNDERTAK	ERP	win -	ADDRESS	
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, (b) Cotton mill; (a) Salcsman, (b) Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to thime and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Turrereal septichaemus," "Oid Age," "Shock." 'Traemla," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition." "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ___ "Contributory." (Recommendations on statement of mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis The contributory Always qualify all diseases resulting from "Senile," etc.), (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: 00



PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. classifled. pe should THI properly Ö NX supplied. pe UNFADING may certificate. that 0 0 WITH terms, n back EATH in plain e instructions WRITE See 9 10 mportant. Ш Every

state Very

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.; Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED . WIDOWED (Month) ORDIVORCED (Write the word) (Dav (Year) I HEREBY CERTIFY, That Lattended deceased from (Month) (Day (Year) 7 AGE If LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory..... (State or country Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OFFATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SDICIDAL, OF HOMICIDAL. OF MOTHER TGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. State ____ yrs. Where was disease contracted. If not at place of death?... Former or usual residence... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Philos Carro 15 Westing REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for ehildbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchonneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, thre of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) totanus) may be stated under the head "Seuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH	1567 STATE OF MARYLAND
County alliearry 8/	CERTIFICATE OF DEATH
DE C	Registration Dist, No.
Village or City Male No. (No.)	St.; Ward) St.; Ward) Fluis Skilling, [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH HELD (Month) (Day (Year)
6 DATE OF BIRTH TM /	17 HEREBY CERTIFY, That I attended deceased from
March 2101, 1827	4/200
(Month) (Day (Year)	and that death occurred on the date stated above, at 7-10 P-m.
87 10 18 1 dayhrs.	The GAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or Physician particular kind of work	artie Obstruction
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs 3 mos 8 ds.
9 BIRTHPLACE (State or country) Chid.	Secondary ,
10 NAME OF William Skilling	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of MOTHER Chrabith Cumungham	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) (Informant)	Former or usual residence
(Address) Louis County	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Files Floring 9, 1915 - JOB Lice of REGISTRAR	20 UNDERTAKER ADORESS APPRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho receive a defiuite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," injury, as fracture of skull, and consequences (e. g., mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of



	RECORD	PHYSICIANS should state of OCCUPATION is very
V. S. No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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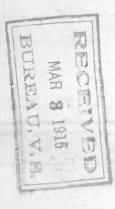
1 PLACE OF DEATH	1568 STATE OF MARYLAND			
County alles come (5.5	CERTIFICATE OF DEATH			
	Registration Dist. No.			
Village or City Censul Serland (No. W.M.	Hofisal St.; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH			
Mala Mals Orbital Married, Wisowes, Orbital Write the word	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from			
6 DATE OF BIRTH San 26 11913	fan 28 1915, to 70, 8 , 1915.			
(Month) (Day (Year)	that I last saw h alive on teb. 8 ,1915			
AGE If LESS than t day,hrs.	and that death occurred on the date stated above, at 10 m.			
yrs mos os or min.?	The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work	rayus unougges			
(b) General nature of Industry.				
business, or establishment in which employed (or employer)	(Ouration)yrsmos//_ds.			
9 BIRTHPLACE (State or country)	Contributory Secondary			
10 NAME OF VO	(Ouration) yrs mos ds.			
FATHER Thomas mitternot	(Signed) W. Hudges , M. D.			
O 11 BIRTHPLACE OF FATHER	Leby 9 , 1915 (Address) Carabelland, Med.			
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.			
OF MOTHER SMAN S (Sman inschool	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSCENS			
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs, mos. 3 ds. State yrs, mos. 13 ds.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted Palmin Facketal			
(Informant) FE Parks	Former or R			
pollond Rec	usual residence			
(Address) Land Address	Back or Clarent Date of Burial			
FILE EB9 19181 Hax Litton	20 UNBERTAKER ADDRESS			
REGISTRAR	John C Wolford Cumberland			
If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

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Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



V. S. No. 1.

PHYSICIANS should of OCCUPATION IS RECORD PERMANENT 4 UNFADING back Instructions ā 0 OF Every item CAUSE OF Important,

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... Ilf death occurred inWard) a hospital or institution, give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 dayhrs. OR min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs. ____ mos. _ Where was disease contracted. If not at place of death? Former or (Informant) usual residence. BATE OF BURIAL OR REMOVAL 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonaeum, etc., Carcin-

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

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	PLACE OF DEATH	STATE OF MA	RYLAND		
Co	untillegany te	CERTIFICATE O	F DEATH		
CO	10	Registration Di	st. No.		
	Old to				
Vil	lage or city was (No,	St.; Ward	a machitet at memminni		
	0/1/1/	· HA	give Ifs NAME Instead of street and number.1		
FULL NAME Sulla Smilter					
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH			
3 5		16 DATE OF DEATH 4 . ALIBALE	19th 1015		
to	male White wood (Write the word)	(Month)	(Day (Year)		
6.0		17 I HEREBY CERTIFY, That I attended deceased from			
0 0	ATE OF BIRTH HELDSWARY 19th, 915	, 191, to	, 191		
	(Monty) (Day (Year)	that I last saw h alive on	191		
7 A		and that death occurred on the date state	12/2		
	Millhorn 1 day,hrs.	The CAUSE OF DEATH's was as follows:			
-	yrs mos ds OR min. ?	(minawn)			
	CCUPATION) Trade, profession, or	- pharmacolina and a second and	hiphighigh phologic o o o e e e e e e e e e e e e e e e e		
pa	rticular kind of work		** ** ** ** ** ** ** ** ** ** ** ** **		
	General nature of Industry, iness, or establishment in	(Burofice)	wee a linear da		
-	ch employed (or employer)	11 5	yrsmosds.		
BI	RTHPLACE (State or country)	Secondary Secondary	and the state of t		
_	10 NAME OF	(Duration)	yrsds.		
23	FATHER	(Signed) Harry M. Har	ester. M.D.		
S	11 BIRTHPLACE	Feb. 19th 1915 (Address) Old	tauns		
Z	OF FATHER (State or country)		in deaths from West and		
ARENTS	12 MAIDEN NAME	*State the Disease Causing Death, of Causes, state (1) Means of Injury; a TAL, Suicidal, or Homicidal.	nd (2) whether Acciden-		
PA	OF MOTHER Coster/ (esh).	16 LENGTH OF RESIDENCE (FOR HOSPITALS			
	13 BIRTHPLACE OF MOTHER OF MOTHER	OR RECENT RESIDENTS) At place			
	(State or country) Coldent, Md,	of death yrs mos ds. Sfate .	yrs, ds		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, If not at place of death?			
(Informant) Cles a Smith		Former or			
	Maron ma	19 PLACE OF BURIAL OR REMOVAL			
-	(Address)———————————————————————————————————	1004+ - MA	Felt 20 1015		
15	Jel-20 mi- C.a. Stoolless	20 UNDERTAKER	ADDRESS		
Fil	REGISTRAR	- CASENTANEN	PDDUE22		
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such, if impossible to determine definitely. Examples: nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerperal peritouitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac cause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senilc," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"



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Outside of STATE OF MARYLAND 1 PLACE OF DEATH PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. I if death occurred in a hospital or institution. give its NAME instead of sfreet and number.] classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF 3 SEX 4 COLOR OR RACE DEATH MARRIED, QC 191V WIDOWED (Day) (Year) OR DIVORCED (Month) CERTIFY, That I attended deceased form 6 DATE OF BIRTH (Day) (Year) aq ce (Month) If LESS than rmay ick of 7 AGE 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? yrs, mos, ds. ba that 8 OCCUPATION Co (a) Trade, profession, or particular kind of work So (b) General nature of industry terms, structi business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) ain. SP 10 NAME OF FATHER 2 important. I 11 BIRTHPLACE PARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT OF FATHER d CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, (State or country) N LJ SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME 0 OF MOTHER (4. informatic SAUSE OF 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS very OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER State, yrs, mos, ds. of deathyrs.ds. S (State or country Where wes discase contracted, should state CAI CA 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death ?... Former or (Informant) usual residence 15 20 UNDERTAKER ADDRESS Ø REGISTRAR ż If more blanks are noeded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who receive a definite salary), may be entered as Housewrite None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm luborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, As examples: (a) Spinner, (b) Cotton Never return If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tubercubosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Respirer wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septicharmia," "Puenperal peritonitis," etc. State cause for which "Heart failure," "H::emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," to determine definitely. Examples: Accidental drowning; etc., when a definite disease can be ascertained as the genital," symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," chopueumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvalar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," The contributory (secondary or intercur-"Convulsions," etc.), "Dropsy," "Debility" ("Con-"Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 3 1915
BUREAU, V.S.

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V. S. No. 1.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in ---Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ? ights divore BOCCUPATION (a) Trade, profession, or < particular kind of work, (b) General nature of industry. business, or establishment in (Duration) 10 which employed (or employer) Contributory ale 9 BIRTHPLACE (State or country) Secondary (Quration) 20 yrs 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. Stale yrs, mos. Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inauition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of



V. S. No. 1.

PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

D /		Registration Dist.	No9
illage or City Jonesel	nay (No.	St.;Ward)	[If death occu

rred is a hospital or institution, give its NAME lostead of street and number.

	FULL NAME Dusanna dy E	Start Start
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	Amala Late Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
6 D)	(Month) (Day (Year)	
TAC	Se If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at
(a) Pai (b) bus	CCUPATION) Trade, profession, or ricular kind of work General nature of industry, iness, or establishment in	Patent dred suddenly (Buration) yrs mos. ds.
981	RTHPLACE (State or country)	Gontributory
ARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HONICIDAL.
Δ.	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds Where was disease contracted,
	(Interment) Glorys Slaut	If not at place of death? Former or usual residence
16 File	ed FEb 19, 1915 - JOBillook REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
	it more planks are needed, address State Regis	trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers statement. who have no occupation whatever, write None. eated thus: heen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The

Statement of cause of death—Name, first, the disease eausing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenela. "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerreral scptichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminai conditions, such as "As-Bronchopncumonia (seeondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No..... lif death occurred is St.: Ward) a hospital or institution. give its NAME losfead of streef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED WIDOWED. ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH 185 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: mos. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishmenf in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in fhe OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. State yrs. ____ mos. ___ ds Where was disease confracted. 14 THE ABOVE IS If not at place of death?... Former or usual residence... DATE OF BURIAL (Address). 20 UNDERTAKER DDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAP

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: been changed or given up on account of the misease of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite-salary), may be cutered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are eugaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous As examples: (4)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is lodefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haenvorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of..... (name orlgin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County allegary (45)	STATE OF MARYLAND CERTIFICATE OF DEATH
To the state of th	Registration Dist, No.
Village or City JESUMPON (No. 2)	St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale White Write tile word)	16 DATE OF DEATH (Month) (Day (Year) 17 A I HEREBY CERTIFY. That I attended decessed from
6 DATE OF BIRTH	Du 10H 1915, to Flo 12, 1915.
Cua (Month) (Day (Year)	that I last saw h ham allve on Bb 1 2 1915
7 Age II LESS than 1 day hrs. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Johnson (Wine)	Difficial Flyons
(b) General nature of Industry, business, or establishment in Coal Mine.	Contributory Carcinoma of
9 BIRTHPLACE (State or country) Frederick Co Mid	Prostets (Duration) yyrs 6 mos ds.
Inol Estry Sullyin	(Signed) , M. O.
11 BIRTHPLACE OF FATHER (State or sountry) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
of Mother Janes Bankill	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place ot death?
(Intermani) 3 9 Daylon	Former or usual residence
(Address) Mestruport had	Place of BURIAL OR REMOVAL DATE OF BURIAL Westernikat was July 15, 1915
Flied 7/3 ,1915 PREGISTRAR	WHIndlock feelmout
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING nEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more preelse specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Satesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerrenal septichaegcuital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Couvilsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canscpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



V. S. No. 1.

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Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1576 1 DI ACE OF DEATH

PLAGE OF DEATH	STATE OF MARTLAND
County allegany	CERTIFICATE OF DEATH
County Calle any	\mathcal{G}
A Comment of the state of the s	Registration Dist. No.
Willage of City Trostoura Illus	er Hosbetal Il death occurred in
Village or City Cost ourg (No. 1)	St.; Ward) a hospital or institution,
1/18.006	give its NAME Instead
FULL NAME TILL S	ot street and number.]
-FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOBOR RACE SINGLE,	16 DATE OF DEATH 9 77
WIDOWED,	(Month) (Day (Year)
Temale And ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
Filt 22 .912	, 191, to, 191,
(Month) (Day (Xear)	that I last saw h alive on
⁷ AGE If LESS than	
1 day,hrs.	and that death occurred on the date stated above, at
yrsds. ORmin.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	and the state of t
(a) Trade, profession, or	William William Control of the Contr
particular kind of work.	It of portal the day of
(b) General nature of industry, business, or establishment in	o carried to the contract of
which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Gontributory
(state or country)	α
10 NAME OF P	(Duration) yrs mos ds.
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O 11 BIRTHPLACE	+1623 1912 (Address of rostburg Mid.
of FATHER (State or country)	7
w (state of country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
W 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a Margaret // Wh	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE	At place in the
OF MOTHER (State or country)	of death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Managel Lummer	If not at place of death?
(Informant)	usoai residence
(Address) Trost burg Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(REVISO)	() 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
F16.13 5 17 (1) -14 m	20 UNDERTAKER ADDRESS
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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fieation as Day taborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been chauged or given up on account of the misease Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobite factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mitl; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples:

Statement of cause of death—Name, first, the Insease causing death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

etc., when a definite disease can be ascertained as the LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronio oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidentat drowning; Struck by raitway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Contributory." is less definite; avoid use of "Tumor" for mallg-The coutributory totanus) may be stated under the head Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD

PLACE OF DEATH County Alegany	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Westernford (No.)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal Color or RACE Single, Married Widowed, Wildowed, Wildowed, Wildowed, Write the word)	16 DATE OF DEATH 2
6 DATE OF BIRTH (Month) (Day) (Year)	1915 to 726 5 , 1915; that I last saw her alive on 726 4 - ,1915.
TAGE If LESS than 1 day,brs. GOCCUPATION (a) Trade, profession, or	and that death occurred on the date stated above, at 4 P m. The CAUSE OF DEATH * was as follows: Pulmany Suborculosis
(a) Irage, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER Welchell 11 BIRTHPLACE OF FATHER	(Signed) (Ouration) yrs mos ds. (Signed) , M. O. (Address) Predimental Vivo
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Llowt Know	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Lout Know 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant Loyal Laylor	At place In the of death yrs. mas. ds. State yrs. mos. ds Where was disease contracted, it not at place of death?————————————————————————————————————
(Address) Use Cone Road Md 15 Filed filed 1915 + Mallaugh REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LINE STATE OF BURIAL 20 UNDERTAKER ADDRESS WITH TRACKER ADDRESS
If more blanks are needed, address State Regis trar, 6	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('nal statement. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Haemorrhage," "Tnanition," "Marasmus," "Old Age," "Shock," 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrebal scottchae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genItal," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," oma. Sarcoma. etc., of ______ (name origin; "Can-er" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," Examples:



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PHYSICIANS should of OCCUPATION is RECORD ian IM Taylor statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, ORDIVORCED (Write the word) Exact DATE OF BIRTH classified. (Month) (Day (Year) TAGE pino if LESS than 1 dayhrs. OR min. ? properly BOCCUPATION (a) Trade, profession, or INK particular kind of work. supplied. pe (b) General nature of industry, business, or establishment in UNFADING may which employed (or employor) certificate. 9 BIRTHPLACE (State or country) Contributory 44 Secondary that 10 NAME OF FATHER 80 50 terms. S 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country 00 PLAINLY 12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL. uctions OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 5 13 BIRTHPLACE OF MOTHER instr ATH (State or countr WRITE 14 THE ABOVE IS 0 0 Former or Item usual residence Important. Every it. (Address) 15 20 UNDERTAKER REGISTRAR

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

.....Ward)

Ilf death occurred in a hospital or institution. give Its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) (Day I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at (Duration) _ mos 3 (Duration)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

	of death yrs mos ds. Where was disease contracted,	State	yrs	mos.	ds
ł	If not at place of death?		***************		

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PLACE	OF	BURIAL	OR	REMOVAL	
laster	ed	Lero	ne	Com	

DATE OF BURIAL

ADDRESS

If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be Indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Forcman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failurc," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V: S: No. 1.

HYSICIANS should state	Village or City County Panes Richard	Total State of Maryland CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
- t	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
e stated EXACTLY ed. Exact stateme	Male Hite Single, Married Wilsower, West, 1886	16 DATE OF DEATH Fuby 19, 1915 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 23, 1915, to Fub 19, 1915, that I last saw h Non-alive on Fub 19, 1915
should be	7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. 0 Rmin.?	and that death occurred on the date stated above, at 130 m, The CAUSE OF DEATH* was as follows:
lied. AGE be properly	(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	Cerebral gummatous tumors.
uily sup; t it may ifficate.	which employed (or employer) **BIRTHPLACE* (State or country) **Wedlet** **The property of the country of th	Contributory And Lis Secondary Servers C
uld be carei rms, so tha back of ceri	10 NAME OF FATHER Jamus Howard 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER A	(Signed) Ouration) Tyrs mos ds. (Signed) Os occ , M. D. 26 24 , 191 J (Address) Cumb md
tem of information shoul OF DEATH in plain terr of. See instructions on b	12 MAIDEN NAME OF MOTHER Allice a Dilley 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs, mos ds.
	(Informant) HMT JR HOWNEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
B.—Every I CAUSE Importa	16 Filed FEB22 19015 Max Juston REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Tel. 22, 1915 20 UNDERTAKER ADBRESS O 1
z		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligeause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. cause. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State eause for Never report For vio-



V. S. No. 1.

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RECORD	PHYSICIANS should to of OCCUPATION IS
IK-THIS IS A PERMANENT	AGE should be stated EXACTLY. properly classified. Exact statemen
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate.
M	CAUSE OF Important.

Very

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.. If death occurred to a hospital or Institution, give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE 2 DATE OF DEATH MARRÍED. WIDDWED, (Month (Year) ORDIVORCED (Write the word) that I last aaw h... (Month) (Day (Year) TAGE It LESS, than and that death occurred on the date stated above t day,hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Secondary 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. OF FATHER (State or country) 12 MAIDEN NAM OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ___ mos. ___ ds. State _____ yrs, ____ mos. __ Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ----15 PUNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

should state ION Is very	PLACE OF DEATH County Allegany	JO SPICERTIFICATE OF DEATH Registration Dist. No.
PHYSICIANS should of OCCUPATION	Village or Gity Cumberland (No. J.)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY.	Junal 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 26 , 191.5 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
be stated E	Month) (Day (Year)	2/20 1915, to 2/25 ,1915. that I last saw h 52 alive on 2/25 ,1915
should riy class	TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atA
lied. ACE be properi	(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Onlinorary Luterentons
that it may sertificate.	which employed (or employer) **BIRTHPLACE* (State or country) **The state of state or country)	Contributory Secondary
be caref	on 11 BIRTHPLASE	(Signed) Sflutes , M. D.
should aln terms is on bac	Z (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Information ATH in pil Instruction	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place of death yrs mos ds. State yrs mos ds
or of	(Informant) Course Secret (Informant)	Where was disease contracted, 514 Va- avidence of death? Former or 314 Va Ave usual residence
CAUSE Importan	(Address) Community of	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Z.	REGISTRAN	Juno Stern Emulo rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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certificate. 90 terms. 00 Instructions See Every Item CAUSE OF Important.

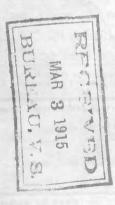
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... fit death occurred in a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED Mouses OROIVORCED (Write the word) OI nth) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 SIRTHPLACE At place OF MOTHER (State or country) 14 THE ABOVE IS Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrate 6 E. Franklin St., Baito., Requesting V. S. No. 1.

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V. S. No. 1.

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Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Is very Important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS A PLAINLY, WITH WRITE

1 PLACE OF DEATH

583 STATE OF MARYLAND

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	Dad	letestics	Dist		11

[If death occurred in a hospital or institution, give its NAME instead

	FULL NAME Hisan & M	Select and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
	ATE OF BIRTH FEL 3 , 1858 (Month) (Day (Year) If LESS than	that I last saw h alive on Jaw 31 1915 and that death occurred on the date stated above, at 7/0 m
(a pa (b bu wh	S S S S S S S S S S	The CAUSE OF DEATH* was as follows: Malegnants of supropressal gland curvalities of low of fewer (audir curface) - The Redney (Maring been removed 147 ago-keing a aestisse socio saeto (Duration) yrs 6 mos. ds. Contributory Cephanist
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15	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Casalana Capalana [eff F. R. 3. 1913] [Address]	At place of death yrs. A mos. ds. State / yrs, mos. ds Where was disease contracted, If not at place of death? Former or USUAI residence 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS In the State / yrs, mos. ds Mechanic // Mechanic // DATE OF BURIAL FIL # 1815 ADDRESS

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 3 1915 BURDAU, V.S.

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pinous OCCUPATION PHYSICIANS RECORD 30 statemen PERMANENT EXACTLY Exact classified should properly supplied. pe may certificate. that 10 back terms, should 0 plain EATH in plain e instructions Information See OF Every item important. 0

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STATE OF MARYLAND PLACE OF DEATH Outside GERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred la Village or CityWard) a hospital or Institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIEO wioowed or olvorceo (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Buration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State of country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER O. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. __ ds. State _____ yrs. __ Where was disease contracted. If not at place of death? Former or (Informant) usual residence. 19 PLAST OF BURNAL OR REMOVAL 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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PHYSICIANS should of OCCUPATION IS

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No [If death occurred in St:....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Dav) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) If LESS than 7 AGE and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER State or country State yrs. of death yrs. mos. ds. Where was disease contracted, If not at place of death?. Former or usual residence BURIAL DATE OF .., 191 15 ADDRESS

If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted ferm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pheumonia"); Lobar pneumonia; Bronchopneumonia ("Pheumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (c. 8. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as accidental, suicidal, of homicidal, or as probably which surgical operation was undertaken. mia," "PUEEPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 40.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritie nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of .. (name origin; "Can-State cause for Examples: For VIO-



Coun	1 PLACE OF DEATH ty alligary (15	7 1586 STATE OF MARYLA CERTIFICATE OF D	
Villag	ge or City armbeiland (No. Brun	g	[If death occurred in hospital or institution, we its NAME instead i street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3 SE!	Ale White Single, Sould Willowed OR O'NORCED Know	16 OATE OF OEATH J.eff (Month) 17 I HEREBY CERTIFY, That I attended	(Day) (Year)
6 DA	TE OF BIRTH Dou't know, 1 (Year)	that I last saw halive on	, 191,
7 AG	1	and that death occurred on the date stated a The CAUSE OF DEATH * was as follows:	bove, atm.
par par	OCCUPATION) Trade, profession, or ticular kind of work) General nature of industry	Sucide of han	oju g
Whi	RTHPLACE (State or country)	Contributory Secondary (Quration)yrs	mosds.
S	10 NAME OF STUT Ruow	(Signed) March (Signed) (Signe	Health Officers
ARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER 14 MAIOEN NAME	*State the DISEASE CUSING DEATH, or, in dea CAUSES, state (1) MEANS OF INJURY; and (2) who SUICIDAL OF HOMICIDAL.	
PA	13 BIRTHPLACE OF MOTHER (State or country) Drit Runo		JTIONS, TRANSIENTS,
	(Informant) S. Suttle	Where wes disease contracted, - if not at place of death? - Former or - usual residence	
(Address) 29h Centre St		19 PLACE OF BURIAL OR REMOVAL DATE	of BURIAL
15 File	ed 2/18, 19KT MAX Justion REGISTRAR	20 UNDERTAKER ADOI	RESS
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balty Requesting V. S. No. 1.	/

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (refired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in doinestie service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line especially in industrial employments, it is necessary to eian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever Women at home, who are engaged m Never return "Laborer," If retired from of age.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and quality as ACCIDENTAL, cause. head-homicide; Poisoned Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" symptoms or terminal conditions, such as "Asthenia," спортентопиа Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinomo, Sorcoma, etc., of Always qualify all diseases resulting from childnia" (merely symptomatic), "Atrophy," "Coma," "Convulsions," "Debility" The nature of the injury, as fracture of skull, (seeondary), 10 ds. Never report mere The contributory (secondary or intercur-"PUERPERAL seplichacmia," by carbolic acid-probably "Dropsy," FOR VIOLENT DEATHS "Atrophy," "Col-"Exhaustion," ("Con-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. E. No. 1.

County allegance (2	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.		
Village or City Cumberland (No. 2. Sleen St.; Ward) 2 FULL NAME Many C. Wright 2 FULL NAME Many C. Wright 2 FULL NAME Many C. Wright			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL SERTIFICATE OF DEATH		
Female White Single, Married Wisower, Wisower, Word)	(Mønth) (Day (Year)		
Och 23 , 84 8 (Month) (Day (Year)	that I last saw her allve on July 19, 1910		
7 AGE If LESS than 1 day,	and that death occurred on the date states above, at Comp. The GAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work	Enghts disease.		
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Pel Heart descare		
9 BIRTHPLACE (State or country)	Asking Congration of draw yes mos 10 ds.		
11 BIRTHPLACE OF FATHER OF FATHER OF FATHER	(Sleby 2), 1915 (Address) Subtilized		
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	tate the DISEASE CAUSING DEATH, or, in deaths from MOTINT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE OF MOTHER (State or country) Pa,	At place lo the of death yrs mos ds. State yrs mos ds		
(informant) Tellow of Tright	Where was disease contracted, if not at place of death? Former or usual residence.		
(Address) 2 Sleen St.	Croks Mill Pa DATE OF BURIAL 23 , 1915		
Filed F B Z Z 1915 A CALL AND REGISTRAR If more blanks are needed, address State Regist	20 UNDERTAKER ADDRESS City Trac. 6 E. Franklin St., Balto, Boungsting V. S. No. 1		

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

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ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from cte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent)

